



**Maternal and Child Health Services  
Title V Block Grant**

**State Narrative for  
Palau**

**Application for 2013  
Annual Report for 2011**



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## **I. General Requirements**

### **A. Letter of Transmittal**

The Letter of Transmittal is to be provided as an attachment to this section.

***An attachment is included in this section. IA - Letter of Transmittal***

### **B. Face Sheet**

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

### **C. Assurances and Certifications**

Signed assurances will be mailed in along with a letter of transmittal.

### **D. Table of Contents**

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published January 2012; expires January 31, 2015.

### **E. Public Input**

#### **A. Public Input**

The public input process is a continuous process which allows us to analyze data, present them to the various communities of Palau and based on their input, we organize services to meet the community needs. The 2010 needs assessment began at the end of 2009. A model presentation called "Community Engagement" was developed, reviewed and approved by the collaborative members and presented. This presentation encompasses life cycle issues that are present in Palau (infants, children, children with special health care needs, pregnant women, men and women of reproductive age). Along with this presentation, are other short presentation on bullying focusing on different audience that teaches bullying prevention. An evaluation component of this presentation has also enabled us to improve its content so that it is more relevant to Palau communities. Notifications to communities are through the offices of governors, CHC Councils, PTA's, schools and through public radios. Traditional means of community meetings notification systems are not used. The reasons being, this system is quite stratified and usually the "havenots" become the group whose opinions are not voiced.

From the community presentations, we capture comments and recommendations relating to services improvements. One of the main focus that has been identified from various communities of Palau relate to parenting skills, issues, and practices. This engagement with our various communities has provided improved our ability to capture, analyze and report health status information back to the public has greatly improved our relationship with various communities and stakeholders. The following format of the "Community Engagement" is similarly used in all communities that are visited. However, due to our ability that has been built in the past, we are able to feature "community-specific" information in our presentation.

Several forums were used in meeting the "public input" requirement for the MCH Title V Program. These forums are the Youth Conference which was held in March 2010. The Youth Conference also generated list of priorities that was communicated with FHU/MCH Title V Program. The Reproductive Health Workshop in May 2010 is also where assessment of services and SWOT Analysis was generated. From this SWOT, priorities and strategies were identified. In these two forums, decisions were made through discussion and consensual decision making process. For

our population, we have found that this decision making process, although at times more lengthy, is the best way that stakeholders can continue to commit and strengthen working relationships.

In mid-2009, FHU, through funding from ECCS also conducted a national assessment on early literacy and learning. Assessment of the data indicated that there may be regulatory and legislative strategies that FHU/MCH Title V Program will need to spear-head to address safety of children in the various communities of the urban area of Koror. The Pacific Islands Health Officers Association (PIHOA) through their declaration of a state of emergency on Obesity for all of the U.S. Associated Pacific Islands also puts FHU/MCH Title V Program on notice to assure that Obesity related activities remain on our agenda for the next 5 years. At the end of 2009, FHU/MCH Title V Program, through the End-of-the-Year Meeting and Workshop also identified areas of needs that were in line with input from the larger community. However, their identified strategies were mainly in upgrading systems, skills and knowledge of staff so they can be more effective in the delivery of services and effective in improving the health status of Palau people.

These inputs from the communities largely drive our National and State Performance Measures including the design of strategies and activities to be undertaken in the up-coming years. We decided to use this method of capturing public input rather than a "public hearing" format, as in no one single person shows up, even though it is announced through newspapers and radio and television.

/2012/ Palau MCH program continues to fulfill its public input requirement through continued community exchange and participation. The public input process is a continuous process which allows us to analyze data, present them to the various communities of Palau and based on their input, we organize services to meet the community needs. The program continues to use its community engagement model in garnering community participation and input that are used to guide program in delivering services to its MCH population. In 2010-2011 FY, FHU along with its collaborative members conducted community outreach to all outlying states in Palau. These community engagement forums provide an avenue for community members to voice out their concerns regarding important issues and become part of the decision making process in the delivery of services.

Another forum used in garnering public input is the annual Health and PE Teachers conference organized by FHU in collaboration with the Ministry of Education. This conference targets teachers and school staff and provides training in key areas of MCH population. Trainings are designed to address key issues that come out of the annual school health screening. Trainings and focused groups address issues such as obesity, bullying, substance use, depression, and suicide are covered.

FHU also conducted the end of year conference in December 2010. This annual end of year conference targets MCH service providers and is to design to provide trainings as well as gather staff input in areas of service coordination and improvements.//2012//

***/2013/ No major changes under this section. Palau's MCH program continues to use its community engagement model to garner public inputs in addressing identified priority areas in the 2010 assessment. The FHU End of Year Conference is used to solicit feedbacks from MCH staff and are used to guide program in addressing its needs.//2013//***

## **II. Needs Assessment**

In application year 2013, Section IIC will be used to provide updates to the Needs Assessment if any updates occurred.

### **C. Needs Assessment Summary**

*/2013/ Since the last needs assessment the program has continually been engaged in ongoing program monitoring and evaluation. Data sets such as PRAMS and the School Health Screening data have been developed to augment the Ministry of Health capabilities to monitor relevant maternal and child health data and to conduct further analysis and surveillance to support the program in monitoring health indicators for the MCH population.*

*The newly created office of Health, Policy, Research, and Development which has the overall responsibility for all monitoring and evaluation activities for the Ministry continues to support the program in gathering and analyzing MCH data and evaluating program activities and strategies that address the identified priority areas in the 2010 Needs Assessment. In 2011, a data working group was formed to assess the different data needs within the Ministry and to develop a standardized process for collecting and reporting of data. This process will strengthen the program's capacity to collect and accurately report on its indicators and measures.*

*Through collaboration with our international partners, UNFPA conducted an Emergency Obstetric Care Assessment (EmOC) in 2010. Result of this survey has been provided to the Minister of Health and waiting approval for release. Findings however indicate the need for further review and study on certain issues relating reproductive health and services for pregnant women. A significant finding in the survey indicates an increasing number of cesarean section at 37.5% which is double more than the expected upper limit of normal. Further analysis needs to take place to identify significant contributing factors to this rise in cesarean rates. An in depth assessment of C-section rates in Palau is scheduled for September 2012. These assessments will further enhance program's capability to better monitor and improve services for pregnant women and children.*

*Results of the 2010 Child Protection Baseline Survey will be released within the next few months. This project is joint effort between Palau's Ministry of Health and UNICEF to establish baseline information on child protection. Findings from this assessment will assist and guide the program in designing and implementing strategies to address SPM#7 on better identification and case management services for children victims of neglect and abuse. Results of this survey will also guide further discussions relating to data collection and reporting mechanism.*

*Another important survey scheduled to take place is the Violence Against Women survey sponsored by UNFPA through collaboration with the Ministry of Health supported with funding from Aus-Aid. This survey will establish baseline indicators for violence against women. Results of this survey will garner further needed information to guide programs in designing appropriate and culturally relevant information and services for Palau's women.*

*As mentioned in the Public Input section of this document, the program continues to use its "Community Engagement Model" to get input from community members. These feedbacks are used to guide program in addressing the needs of Palau's MCH population. The Annual Family Health Unit End of Year Conference is held every year in December. The purpose of this annual meeting of Family Health/MCH staff is to do an annual review of the State Title V performance measures, health status indicators and activities/strategies for the program. Activities and strategies are redefined and plans are*

*developed for the new year.*

*Palau's MCH program also submitted a request for technical assistance to MCHB in the development of a standardized review process and a tool to be used to review cases of fetal, infant, maternal morbidity and mortality. This will address our SPM#10. //2013//*

### III. State Overview

#### A. Overview

##### Overview

Health services in the Republic of Palau continue to be heavily subsidized by the Government. However, a great proportion of this budget goes into funding of secondary and tertiary medical services. Almost all funding that goes into supporting Title V-MCH basic services are derived from U.S. Federal and other bi-lateral and multi-lateral sources. Below is Budgetary Distribution by Level of Care

Health Budget as a Percentage of Total National Budget 11.2%

Per Capita Expenditure on Health) \$372

% of household earning less than \$2,750 per anum (Poverty)\* 15%

% of household earning less than \$5,500 per anum (Economically Vulnerable)\* 10%

MOH Expenditure on:\*\*

Medical Referral (N=143) = \$6,768

Hospital Admissions (N=3,190) = \$1,630

Primary, Preventive & Promotive Services (N=100,000) = \$11

Available services by Level of care:

Under the most recent organizational structure of the Ministry of Health, Bureau of Public Health, the Maternal and Child Health Programs is under the direct management of the Chief of the Division of Primary Health Care. This division has two Administrators, Administrator of Preventive Services and Administrator of Primary Health Care Services. MCH is in a unique position in that in relation to administrative matters, the program receives its directives from the Administrator of Preventive Services and on more programmatic and service delivery wise, it is directed under the Administrator of Primary Health Care Services.

Based on this organizational chart, MCH Program provides direct services such as services for Children with Special Health Care Needs and high risk prenatal mothers, population services such as Prenatal and Postnatal care, Childhood Immunization Program, FamilyPlanning, Gynecological and Cancer Screening Services, Well-child services and school health screening & intervention are also part of the Unit's services. In relation to other necessary services to improve health care for mothers and children, MCH collaborates with other divisions within the Bureau of Public Health and the Bureau of Clinical Services to provide these services. These services include mental health, dental services, promotive health services such as communicable disease prevention, nutrition education and general health education services. It also collaborates with the Bureau of Clinical Services in relation to hospital-based services such as delivery, pediatric services, and specialty and tertiary medical services. MCH Also collaborates with Head Start Program and the Ministry of Education in the provision of children's promotive health services.

Health Resources and Distribution by Level of Care:

The Ministry of Health receives its revenue from annual congressional appropriations from the Olbiil Era Kelulau. In accordance with traditional usage of health budget, population based services such as those provided by the Bureau of Public Health receives the least amount of revenue. At least three fourths (3/4) of the Bureau's budget for implementation of preventive and primary health care programs and services come from external sources through US Federal Grants, WHO funding and other multi and bi-lateral sources. As evident in the above analogy, local revenue that supports health care have their most concentration on hospital and tertiary medical services. MCH direct services, being part of the Division of Primary Health Care under the Bureau of Public Health competes for local resources that funds primary health care. Looking

at the above chart, it is the \$.9 million dollars that supports close to 100,000 encounters each year.

Available Primary and Preventive Services in the Family Health Unit (Title V-MCH Program) - All service sites.

Preventive/Promotive Activities

Childhood Immunization

Prenatal Services

Birthing/Parenting Activities

Postpartum Services

Women's Health Services

Male Health Services

Family Planning

Well-baby Services

CHSCN Services

Home Health & Geriatric Serv.

Behavioral Health Services

School Health Services including annual health screening and intervention

Available specialties and sub-specialties in Family Health Unit:

Physicians (Pediatrician/ObGyn)

Interns/Residents (General Practice)

Nurse Practitioners (Women's Health)

Nurses

Social Workers

Health Educators

Nutritionists

Counselors

Lab Technicians

X-Ray Technicians

Clerks

Psychiatry (referral basis)

Hospital Based Services =

Delivery

Neonatal Services

Universal Newborn Hearing

Genetic/Metabolic Screening

Pediatric Services - hospital based

Audiology/ENT Services

Specialty Clinics

Emergency Medical Services

Urgent Care Services

Infrastructure and Capacity Building

Medical Records

Data Management

Financing/Finance Management

Tertiary Medical Care

Medical Referral

Intensive Care services for pediatric, Adolescents and women

Tripler Army Med. Center

## Philippine Hospitals

The Family Health Unit/MCH Program has improved its services to its population by strengthening the following programs:

The Universal Newborn Hearing Screening program recognizing that ear infections (otitis media) and hearing loss are significant health problems, a universal newborn hearing test has been implemented and begun screening newborns prior to discharge for hearing problems. Recognizing that hearing problems can hinder a child's development, learning and social skills this program has been expanded and integrated into the school health program. Interventions are provided through referral to specialized services in the Hospital, Behavioral Health Department and through home visitation. We have also revised our well-baby services requirements to screen annually from age 3 years old until school entry.

We are screening for prenatal and post natal depression. Treatment and intervention are also provided onsite or through referral. In recent "Schizophrenia" studies of the Palauan population, Palauans are 2 to 3 times more at risk for this mental health problem than the rest of the world population.

The FHU/MCH Program is partnering with HIV/AIDS and Breast and Cervical Cancer Screening Program on the formulation of a male health program. This program is in its early stages of providing services and will be integrated with on-going health program for the MCH population.

There is an initiative to integrate important cultural values in our school readiness program for early childhood. This is a much larger initiative that has been undertaken by an interagency collaborative group. In recent discussion, the adolescent and early childhood collaborative would like to merge and create a larger group that will play an advisory role for the MCH program. This program as it grows and matures, will invite more community participation in its effort to respond to community needs.

Under the Adolescent Health Collaborative, we have partnered with all the schools in the republic, both public and private to work on ways that health and physical activity classes can be merged in terms of delivery. This has been going on for the last five years and classroom teachers are beginning to integrate lesson planning processes whereby both curriculum and physical activity are integrated into daily lesson plans.

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Nurse Practitioners (Women's Health)  
Nurses  
Social Workers  
Health Educators  
Nutritionists  
Counselors  
Lab Technicians  
X-Ray Technicians  
Clerks  
Psychiatry (referral basis)

Hospital Based Services =  
Delivery  
Neonatal Services  
Universal Newborn Hearing  
Genetic/Metabolic Screening  
Pediatric Services - hospital based  
Audiology/ENT Services  
Specialty Clinics  
Emergency Medical Services  
Urgent Care Services  
Infrastructure and Capacity Building  
Medical Records  
Data Management  
Financing/Finance Management

Tertiary Medical Care  
Medical Referral  
Intensive Care services for pediatric, Adolescents and women  
Tripler Army Med. Center  
Philippine Hospitals

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early childhood. This is a much larger initiative that has been undertaken by an interagency collaborative group. In recent discussion, the adolescent and early childhood collaborative would like to merge and create a larger group that will play an advisory role for the MCH program. This program as it grows and matures, will invite more community participation in its effort to respond to community needs.

Under the Adolescent Health Collaborative, we have partnered with all the schools in the republic, both public and private to work on ways that health and physical activity classes can be merged in terms of delivery. This has been going on for the last five years and classroom teachers are beginning to integrate lesson planning processes whereby both curriculum and physical activity are integrated into daily lesson plans.

For children with special needs, a parent advocate was hired mid 2010 to improve coordination of services with parents. The parent advocate works with other MCH staff in improving coordination and accessibility of services and strengthening the medical home aspect of CSN and their families. The parent advocate also works with other community NGO's in strengthening their capacity to provide services that are culturally appropriate to Palau's CSN population.//2012//

/2013/. There are no major changes in this section. In April 2011, the National Health Insurance became effective. This is a government sponsored insurance that provides coverage for all government employees as well as private employees. National data are not available at this time to provide specific information on impact of services.2013//

Correction: National Health Insurance provides coverage for all employed people residing in Palau. This includes coverage for government employees, private sectors, and small business owners.

***An attachment is included in this section. IIIA - Overview***

## **B. Agency Capacity**

Agency Capacity:

The Interagency Project within the Family Health Unit coordinated the completion of the MCH Needs Assessment and 5-Year Strategic Plan (2010-2015). In the last 5 years, the main activities of the Interagency Office was to ensure that Palau MCH Program implement infrastructural systems that will enable the program to attain an ability to improve services to children with special health care needs through interagency collaboration and resource sharing. Although the issue of data sharing was also a part of this collaborative process we were more concerned with improving actual service delivery. At this point in time, it is becoming more important that additional infrastructures are put in place to see how have these past systems have impacted on the lives of the MCH population. The Family Health Unit through the Interagency Project will be charged in implementing these systems to assist the program in being able to obtain the health indicators that will enable Family Health Unit to strategize and direct its health funding to improve to reporting of the Title V Core and Negotiated Performance and Outcome Measures. Through past efforts to improve data gathering and analysis and reports, the Title V/MCH Program (Family Health Unit) has improved its position in profiling health and risk factors not only the MCH population, but the total population of Palau. The Palau MCH/Title V Program, through the Interagency Project, takes lead in organizing community discussions, planning and strategic development that influences the direction of Family Health Unit. In the past 10 years, it has been instrumental in developing tools (detailed under section: Publications) for data gathering that are now routinely used to meet the needs of the MCH population and the strategic direction of the program

Impact:

The impact of changes that has been implemented in the FHU/MCH Program has been dramatic.

These changes have been based on evidence generated through mechanisms implemented in the past years. We have been able to expand children and adolescent health services in the community and implemented school-based programs that include health screening, on and off-site intervention, referrals and follow-up. These changes mean that in Palau, children are monitored through well-baby services from birth to 5 years old and when they enter school, the monitoring occurs for every child, every two years until they exit the school system. With the mandatory education law, Palau's school enroll indicate that 98% of all children between the ages of 6 and 18 are enrolled in school. Our school health screening assesses 70% of all children enrolled in all schools (both public and private) of Palau every year. All these improvement are in response to evidences revealed in program monitoring and evaluation that are now integral part of our program implementation. Because of program reviews, indication has led us to divert our resources to create a hospital-to-home care for post-partum mother. These services include reviewing neonatal screening and their results, breastfeeding coaching and instructions, infant care and sleeping practices (following AAP recommendations) to prevent infant mortality relating to Sudden Infant Death Syndrome (SIDS). In these home visits, at 4 months, the social worker and a nutritionist make mandatory visits to homes of post-partum mothers to assess depression related behavioral/mental health problem including eating and nutritional practices. These are Palau's MCH/Title V initiative to reduce maternal BMI and screening and treatment for post-partum depression.

### Resources and Capabilities

Over the years, through resources from other than MCH Title V Program, Palau has built the capacity of Family Health Unit to meet the health needs of MCH population. These development include improvement of infrastructure and capacity within the Program to address the changing needs of the population. Through initiatives mandated of the Palau Interagency Project, systems of care were developed and implemented within the MCH Program to be more responsive to the needs of CSHCN. This agency collaborative and services coordination between MCH CSHCN Clinic and its partners to address needs of CHSCN and their families has become the "way of doing things" for Family Health Unit. CHSCN Objectives and Activities are monitored through the regular monthly meetings of the Interagency Team. The various sub-committees also meet on a monthly basis to assess their progress on objectives and activities that pertain to them. The CHSCN Clinic is now working as an integral part of services that are provided by the MCH clinic. The members of collaborative team represent agencies that work with children special health care needs and their families. It is no longer a "special clinic" but a regular clinic that is on permanent schedule and routinely conducted every two weeks. Staff development activities are part of MCH Program capacity building efforts to assure that staff, community partners, and parents take part in. The Palau MCH Program, have implemented newborn screening services at the Belau National Hospital in the last two years. These services are hearing and genetic/metabolic screening. The nurses in the newborn unit were trained to collect blood spots and the laboratory packages the cards and send them to the University of the Philippines newborn screening lab. Due to that lab's capability, Palau only screens for 5 metabolic disorders at this time. Within the two years of the screening, 1 false positive for CAH was identified but later ruled out to be negative, and 1 positive for G6PD. This child is now under clinical management with professional support from the UP Lab and a pediatric consultant from St. Lukes Hospital, Philippines. Also, within the first 2 years of our newborn hearing screening, an infant with congenital hearing loss was identified and referred to early intervention program. This program is implemented by Palau's Special Education program. Our nurses, doctors, social workers work with parents and service providers at Special Education to assure that care for the child and parents are as comprehensive as possible.

Other services that has been implemented are relating to school enrolled children in general. Knowing that over 90% of Palau's children will be enrolled in school from year to year, the School Health Screening and Intervention Program was implemented to combat early on-set of health problems in children. Some of the leading pediatric risk factors are identified in the Needs

Assessment Section. We also expanded our services for pregnant women, in mental and behavioral health component. From these screening, we find around 3-5% of pregnant women who will need some form of intervention from year to year.

## Funding History

The Family Health Unit/MCH Title V Program receives majority of its funding from HRSA. Because of our government's inability to fund indicated improvement from year to year, other funding streams from HRSA and other external agencies are used to initiate improvement directed at MCH Program. Through these changes in the program we are now able to develop more evidence-based program strategies and activities that are effective in addressing needs of the Palau MCH population. Government of Palau's funds are usually used to pay staff salaries, fringe benefits and other costs related to direct patient care. It is also used to fund secondary and tertiary care rather than public health related services. Palau FHU/MCH Program has traditionally been funded through bi-lateral and multi-lateral funding sources. Some examples of these funding sources are UNFPA, UNICEF, Title V MCH Program, and from time to time, direct in-kind assistance from other sources such as Japan, Korea, Taiwan and other countries. Palau is considered developing island nation with limited financial resources and therefore at this stage of its development, relies mainly on these funding sources for preventive, promotional and primary health care.

### FHU/MCH Program as an Evidence-based Program:

In mid-2002 we implemented the survey in the central FHU clinic for post-natal mom at 6 months after delivery. This time line was chosen also to look at breastfeeding compliance of mothers at 6 months. We have worked in the past with the University of Hawaii, John Burns School of Medicine, Epidemiology Department on the data analysis. We also worked with the University of Washington, where a student from the program worked with us to analyze our data on P-PRASS (Palau PRAMS-like Survey) and make recommendations on improving the questionnaire. We had an epidemiologist on board but after a year, a more lucrative post opened up in Malaysia and he had to take that post.

By 2009, the Interagency Project, as a system/infrastructure building project for Palau FHU/MCH Program, was involved in implementing various components of the Republic of Palau, MCH Program, from health education to policy development. Additionally, the Interagency Project works with the Division of Primary Healthcare to assure that the CHC grants meet reporting mandates for the MCH population. Most recently, the Interagency Project was a key player in the Disability Policy Development Initiative. It is a collaborative project between the Ministries of Health, Education, Community & Cultural Affairs, State, Justice, Resources & Development, Industry and Tourism, and Judiciary. The project was a lead agency in the organization and agenda development for the workshop that was held in Palau. The purpose of this workshop was to develop internal capacity and to prepare Palau to become a signator to the International Convention on the Rights of Persons with Disabilities (ICRPD). It was supported by United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), Pacific Islands Forum Secretariat (PIFS) and the Pacific Disabilities Forum (PDF). Because of Palau Interagency Project's long track record of work with children with disabilities/special health care needs and their parents, it was identified as the focal point for convening this working group to enable national discussion on issues with disabilities/social justice.

With the current pattern of staff migration, staffing for the FHU/MCH program has seen a change in management and staff in the latter half of 2009. Ms. Berry Moon Watson former Administrator of the Unit has transitioned out and moved into the Research and Publication arm of the Unit at the end of 2009 and Ms. Sherilyn Madraisau (former Adolescent Health Coordinator) assumed the role of Administrator for the program in January 2010. Due to staff movement and expanding

role of the Unit, we began the process of filling much needed positions to address the expansion and needs of the growing unit. There are three full time Administrative Specialists (one of whom is stationed at the School Health Office), two Newborn Screening Technicians, a Male Health Coordinator, a Reproductive Health Coordinator, an Adolescent Health Coordinator (to assume the position that was vacated by Ms. Madraisau), a School Health Counselor, two IT (Information Technology) personnel to help with the expanding database and two part-time parent advocates for Children with Special Health Care Needs. A New Born Screening Coordinator is being recruited to help with the coordination and screening needs of the Newborn Screening program. With the expanding personnel we envision that the unit will be better equipped in providing health care providers and national leaders with current and accurate information that is pertinent to the management and future care of the MCH population.

In July 2009, a Presidential Executive Order established a committee to create a Healthy Lifestyle Curricula for elementary and high schools students that will teach them to incorporate good eating habits, appropriate nutrition, and safe physical activity in their daily lives. This order was to establish a model curriculum for schools and incorporate this model curriculum for the next five years. As of today, this model curriculum has yet to be published and incorporated into the school system, however work to establish such model is ongoing and forecasted for the next school year. Family Health Unit/MCH Title V Program has been appointed as one of the 6 members of this national committee to develop the curriculum.

Over the years, the Family Health Unit has built a reputation as being data driven and evidence based which has become a good public health model. The Unit has become an information powerhouse for the direction of the maternal and child health in the Republic of Palau. The Unit is in a position to look into more data driven strategies and inform national leadership of the status of health of men and women of reproductive health age and the future of the children of Palau. It has also attracted local doctoral candidates to use such data in research on the Maternal and Child Health Population and quite possibly publish these findings. It has now achieved the ability to do research on data that has been gathered throughout the years and extend its capacity to those that are indicative in the findings of such data. Our strategic direction for the next five years includes the expansion of the unit into the research and publication arm of not only the Unit but of the Ministry of Health. We are also in a position to offer training and workshops relating to the care and management of men, women and children. We are also in a position to provide better service coverage with our collaborative partners through innovative and intuitive funding streams and donations from local entities that have a vested interest in the health and future of the FHU/MCH programs.

#### Evaluative Measures

**Outcome Evaluation:** The past several years, the Palau SSDI/Interagency Project has worked with FHU/MCH Program to implement the programs capability to monitor and evaluate itself. Through implementation of SLAITS-like, PRAMS-like, YRBS-like surveillance systems and surveys, the FHU/MCH Program now has on-going systems to monitor and evaluate the effectiveness of its services, health status of its population...it is now in a position to fully implement the public health planning model from planning, intervention, monitor, evaluation and back to the planning. The various monitoring and evaluation designs are based on instruments and tools that are used in U.S. nation-wide. We in Palau made slight adaptations to these tools and used them. These changes were necessary to assure that we address issues that reflect our culture and nation, however, we stayed in the boundary of instrument/tools science-based integrity. Data generated from these tools are also used in meeting data reporting requirements for MCH and other HRSA funded projects. We also use these information to create reports that are now used to educate our population and to meet national, regional, international reporting requirements.

**Process Evaluation:** Another monitoring document is the monthly agency report consolidation reports produced each month by all member agencies. Agencies use these report to assess their progress toward meeting the individual need of each child and family. Through these reports,

agencies are able to identify service needs for each child and take action based on the reports. The Interagency Data System to be developed by the end of fiscal year 2001 can be used as a monitoring instrument on the progress of activities for each child. It will be improved to the point whereby clinic, home visit and related agency services provided information can be made available to service providers. When this capability becomes available, we will be able to track children better as to assure that each child receive the maximum services that the Republic of Palau has to offer.

Other monitoring methods that are built-in to the objectives are the regularly scheduled chart audit for children with special needs and any service recipient of MCH services. These audits are performed on a random basis and assesses the following service criteria: completion of client assessment, intervention plan development, follow-up care, and inclusion of other services components.

The FHU/Palau MCH Program has in the last two years, initiated a two-day community forum each year. The Program uses this forum to garner public input into its services, intervention strategies and activities, use of funds and other concerns that may have impacts on the effectiveness of the Program in addressing the MCH population needs. It is also a forum where the health status of the nation's population is communicated to the public and the nation's leadership. The forum is also used to meet the MCH Title V public input requirement.

Palau SSDI Program continues to work with the Ministries of Education and Justice to improve their skills data collection and interpretation on under-age arrests and drop-outs so that the information can be used to improve services for children and young adults. All other referenced social programs listed under HSCI 9 (A), are services that are not available in Palau and therefore, when we report on this measure, we do not report on them. It becomes part of our narrative where we discuss other "state related" services that are available in Palau for this population.

#### Products and Publication:

The FHU/MCH Title V Program in Palau has, over the years, developed the following tools, reports, presentations:

- PRAMS-like Survey and Data Analysis (Since 2003, 2009 Report)
- Child Health Screening Data Analysis (School Year 2006 - 2009 Annual Report)
- Prel and Post-natal Psychosocial Assessment Tool and Follow-up Tracking System, 2007
- Healthy Palau Report (since 2006 - 2009 Annual Health Status Reports)
- Early Childhood Household Surveillance Report/Presentation (2009)
- FHU Service Guide ("Getting To Know Us"), 2009
- "The Future of Palau": Snap Shot of School Health Screening Program (Presented at the Reproductive Health Conference, Sponsored by UNFPA and UNICEF -- April 2010), prepared by FHU and presented by Joanne Richardson, MD, MPH, FAAP, FIDSA, Col (S) USAF MC FS
- Children with Special Health Care Needs (CSHCN) Handbook ("Empowering Families in Palau to Navigate Services for their Children with Special Health Care Needs"), 2009
- Newborn Screening Program -- Parent Information Brochure, 2008

- SLAITS-Like Survey and Data Analysis (Annual Reports)
- MOH Breastfeeding Policy
- FHU Clinics Policies and Procedure Manual
- Life Cycle Medical Home Services Grid

/2012/. We continue with last year's activities with our collaborative partners. With the addition of the parent advocate staff, program is seeing an increase in the number of parent participation in program activities. We continue to refine and strengthen our capacity to better collect and analyze data to guide program. Our school health screening process of collecting data is being modified; staffs are undergoing training on using a newly designed computer software program to collect data on site versus collecting data manually on paper. The FHU data base linkage is in its final phase and should be completed by end of this year. This will enable program to better capture and maintain information for all of MCH users //2012//

***/2013/ In 2011, the Adolescent Health Collaborative and the School Health Program held series of meetings to discuss the likelihood of building two additional school clinics in two other schools in central Koror. The goal of this project is to increase the provision of health services in the school environment and to further strengthen the program's capability to address the physical, social and emotional well being of students. From these meetings, a team has been formed to conduct an assessment on the two school site. Other stakeholders have been invited by the Director of Public Health to begin discussion on the feasibility of school clinic expansions. Discussions on financial assistance are ongoing with other public health programs and a scheduled meeting with all stake holders will take place in mid-August.***

***The Male Health Clinic opened its doors to the public in October of 2011. The Male Health program is housed under Family Health Unit. Services are coordinated with other public health programs. The clinic offers a wide range of services that includes family planning, HIV/STI testing and prevention, mental health and substance abuse counseling, BMI assessment and nutrition counseling. The program is collaborating with other NGO's in developing specific activities to promote male-father involvement in services geared for women and children. The Male Health Coordinator is currently working with Ngerubasang Mens Club in promoting responsible fatherhood by providing parental skill trainings for new and young fathers and expecting dads.***

***In 2011, the ECCS Collaborative group partnered with Head Start program and Special Ed in conducting outreach activities and parental trainings throughout the communities. The group conducted trainings in five communities reaching hundreds of parents. The primary purpose of this outreach was to provide awareness and training for parents on the concept of medical home and accessing services for children specifically children and youth with special healthcare needs.***

***Program has worked with our home visitation team to increase the number of home visits specifically for expectant moms and new moms. We have also integrated the PRAMS survey into the home visitation activities. The response rate for the PRAMS survey in the previous years has been low and we are now looking for ways to increase the number of respondents. This activity began in mid October of 2011 and is currently ongoing.***

***The program continues with last year's activities and continually work to strengthen its working relationship with community partners and involving parents in the decision making process for the care of their children.//2013//***

### **C. Organizational Structure**

The Ministry of Health (MOH) is one of eight Ministries which form the Cabinet of President of the Republic of Palau. Each Ministry is headed by a Minister, who is appointed by the President, with the advice and consent of the Senate, and serves at his/her pleasure. There are two Bureaus under the Ministry of Health, which are the Bureau of Hospital & Clinical Services (BH&CS) and the Bureau of Public Health (BPH). The Bureau of Public Health is further sub-divided into four divisions: Environmental Health, Oral Health, Behavioral Health, and Primary & Preventive Health Services.

The BPH Director is responsible for oversight and supervision of the work of the Bureau and sets the direction, policies and regulations. She/he is supported by the Chiefs of each Division who report directly to the BPH Director and make recommendations for programmatic/policy restructuring and change as they administer the services under their respective Divisions. The Directors of both Bureaus serve under the Minister of Health with the advice and consent of the Senate. Directors, Bureau Chiefs, Program Administrators & Managers have regularly scheduled meetings to report and streamline services to reduce duplication and conserve & share scarce resources. Although the rewards of integration are being realized intermittently, there is still room for further improvement.

The Title V MCH Program is administered by the Family Health Unit (FHU) which is one of four service units within the Division of Primary and Preventive Health under the Bureau of Public Health. FHU is headed by an Administrator who directs the programs of the Unit. The Unit's Vision is "Palau families are healthy and leading quality lives, allowing them to be productive members in their families, their communities and their nation" with a Mission "To improve the health of families through provision of quality and comprehensive public health services including medical intervention."

The Bureau of Public Health is making a move away from the Medical Model and its disease-oriented focus. Venturing towards an Integrated Environmental Approach (IEA), BPH is shifting its focus to other relevant, non-health factors to further the cause of preventive health and improve the health of the population. Under a recently created Office of Public Health Planning & Development, the Social Health Program provides services such as counseling to at-risk populations and, should the need arise, provide assistance to families with specific needs. This approach takes a look at the individual as a whole, taking into account the varied factors that impose on his/her life such as the living environment, personal relationships, employment, and many others. Unfortunately, due to funding, and other, restrictions, social services are not as robust as they are elsewhere in the world.

Through mutual, cooperative efforts with other health and non-health agency programs, the Family Health Unit has an extensive community engagement network. Due to the cross-cutting, interrelated nature of FHU's Programs such as Early Childhood Comprehensive Systems (ECCS), Adolescent & School Health, Children with Special Health Care Needs (CSHCN) among others, the Unit works with stakeholders both at community and policy levels. Because services provided by the Title V MCH Program range from direct to infrastructure building, on-going collaborations with the Bureau of Clinical & Hospital Services has improved service delivery, although there continue to be barriers to access including time, cost, finances, and lack of capacity among others.

The inclusion of a statistician has greatly improved data collection, interpretation and reporting. FHU program is becoming more evidence-based, with targeted interventions aimed at high-risk populations, e.g. schools and outreach to dispensaries. Two recent additions to the FHU family are the Reproductive and Male Health Coordinators. They are tasked with improving health indicators amongst reproductive aged groups by providing services which include awareness education, counseling and improving service delivery to targeted populations among other things. It is the position of FHU to continue to better its data collection, evidence and dissemination so as to increase political awareness and support at both community and policy levels. Refer to the attached organizational structure for reference.

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***/2013/ Not much change have occurred in the unit since the last application, however we have worked to strengthen our activity in expanding our data base and improving our data collection and analysis activities. Our Early Hearing Detection and Intervention database has been completed. Newborn hearing screening data are now linked to this data base. The screening component of the database is now in place capturing data from the birthing unit and the well baby clinic. The new office of Health, Policy, Research and Development has been formally organized. This unit was created to provide leadership and direction in areas of data analysis, monitoring and evaluation and policy development in support of the Ministry's programs. This unit will provide comprehensive evaluations for all MCH activities including supporting the program in meeting its reporting requirement. In June of this year, all FHU/MCH clinics were moved from the Belau National Hospital to the new CHC building located in central Koror. Program is currently working with CHC to streamline other services and to further expand services to the other outlying CHC centers.//2013//***

Correction: Organizational chart of the Office of Health, Policy, Research and Development attached.

***An attachment is included in this section. IIIC - Organizational Structure***

## **D. Other MCH Capacity**

The Ministry of Health receives its revenue from annual congressional appropriations from the Olbiil Era Kelulau. In accordance with traditional usage of health budget, population based services such as those provided by the Bureau of Public Health receive the least amount of revenue. At least three fourths (3/4) of the Bureau's budget for implementation of preventive and primary health care programs and services come from external sources through US Federal Grants, WHO funding and other multi and bi-lateral sources. As such, local revenue that supports health care has its' most concentration on hospital and tertiary medical services. MCH direct services, being part of the Division of Primary Health Care under the Bureau of Public Health competes for local resources that funds primary health care that supports close to 100,000 encounters each year.

The Palau Family Health Unit has the ability to work with other external agencies, NGO's to broaden the coverage of the MCH program, in such it has worked with the Ministry of Community and Cultural Affairs in developing a National Policy on Youth and have also begun discussion on a national disability framework, in which these documents contain many issues that require the Family Health Unit to work in partnership with inter-government agencies and NGO's for its success and implementation. The Unit has also developed a Memorandum of Agreement with seventeen (17) agencies outside the Ministry to create the very first of its kind in Palau an Adolescent Health Collaborative. The Unit has also developed a Policies and Procedures for the Unit. The Unit has taken the lead in implementing both Newborn Hearing and Genetic Screening Programs and has been providing these services for the past two years. The Unit has organized and conducted training on hearing screening and intervention with our other neighbors in the Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (RMI). We also conduct an annual training of teachers in the area of Health and Physical Education as a strategy for improving the BMI status of Palau children. We have presented papers in regional conferences on the status of obesity and health risk factors in children. Two papers have been submitted for editorial review for publication. One is on health status of pregnant women in Palau (from Palau Prams-like survey) and the other paper is on schizophrenia and adopted children. The second paper is a collaborative project between key FHU staff and the Palau Youth Project. Because Otitis Media related hearing problems is very high in Palau, it is in the planning stages to do an in-depth study on it for the region.

A Memorandum of Agreement with seventeen (17) agencies outside the Ministry to create the

very first of its kind in Palau an Adolescent Health Collaborative has been active and going strong for the past five years. From this agreement, Palau High School (the country's only public high school) has agreed to provide space to house the Adolescent Health Program along with the Division of Behavioral Health. From this central location, the program offers its services to all other schools within the Republic. This program is supervised by the Chief of the Division of Behavioral Health and works to address the individual needs of students/families including group work and counseling services. School health programs have been expanded with the launch of the annual Health and Psycho-Social screening for all children preschool through-high school. This program includes traditional physical, dental, and vision screening and has been expanded to also include screening for hearing impairment, mental health related problems and health behavioral risk factors. This collaborative works to implement within each respective school initiatives that are tailored for the students and their environments in response to results that are coming out of their school health screening data.

Coming out of the school-based health screening initiatives - major issues continue to be substance abuse, mainly tobacco and depression. This is a concern as the Palauan population is high risk for schizophrenia. Main issues in physical health relates to higher percentage of children in the overweight/obese stage. For this particular issue, we have initiatives with the schools.

These initiatives are Health/PE collaboration whereby classroom teachers in both classes are being assisted to integrate both topics in their classroom instruction. The other initiative is the classroom BMI initiative. Under this initiative, all classrooms of Palau (both private and public) will have scales, BMI charts and BMI tables. Teachers in classrooms will be assisted to be able to weigh children, convert weights/heights into BMI and finding and translating the BMI into the charts and tables. The teachers work with each child in the classroom to understand this process. Another initiative in the screening is the urine test for protein, glucose and occult blood and we do this through urine dipstick on-site. We are finding that we have a rate that is much higher than developed nations such as Japan. Through this information, in partnering with the schools we are able to tailor intervention programs more appropriately.

FHU's external partners undoubtedly play a significant role in FHU's success in providing comprehensive services to meet the needs of the MCH population. A major accomplishment that the Unit has achieved is increasing expansion of health initiatives in schools through the annual Health and PE teachers workshop organized and conducted by FHU. Through this Health and PE workshop, schools have begun key initiatives within their schools to address health problems common to students as indicated in their respective school screenings. Since the inception of the annual school health screening, eight schools have developed and implemented initiatives within their respective schools. FHU has been an active supporter in planning and implementing these school initiatives. The following are the school initiatives that are currently ongoing:

1. Peleliu Elementary School- Implemented a water only drinking policy in school. Students and teachers are encouraged to drink water. Students and teachers are prohibited from bringing sodas and other drinks to school. The purpose of this policy is to heighten awareness for students on the importance of drinking water. This policy was implemented after the annual school screening showed that a significant number of students at Peleliu elementary had high levels of protein, glucose, and occult blood in their urine sample.
2. Ngarchelong Elementary and Community Project on Physical Fitness- Ngarchelong began a pilot project to increase the level of physical activity of their students and families through creation of different sport activities and fitness exercise conducted on a daily basis. The purpose of this initiative is to increase the level of family participation in children's physical health.
3. Melekeok Elementary Initiative- this project aims at increasing level of physical activities for students. Through this initiative, students are encouraged to walk to and school and home. This small community encouraged active walking of students to and from school. Other physical and sporting activities for after schools were created for students and parents.
4. Ngardmau Elementary Initiative- This initiative focuses on suicide prevention through teaching and incorporation of life skills strategies into daily instructions in English class. Activities are designed to promote resiliency factors in children by engaging and encouraging students to take a proactive stand in dealing with conflict issues.
5. Airai Elementary Initiative- This initiative aims at promoting healthy eating habits. The school developed a gardening project whereby students plant vegetables and fruits to be part of the

lunch program. Parents are encouraged to help their children in planting of fruits and vegetables.

6. Koror Elementary School BMI Initiative- this initiative aims at addressing the issue of overweight and obesity through careful monitoring of students BMI. Teachers develop a variety of health activities that are incorporated into core subjects in the schools. In addition, after school physical activities were developed and students were encouraged to partake in these activities. Teachers would monitor children's BMI progress and report to parents during PTA's.

7. Maris Stella Elementary Initiative on Bullying Prevention- School developed and implemented an anti-bullying policy that increases parent participation in bullying prevention in the schools. Parents become partners with the school in addressing bullying. In addition to this, FHU supported the school in creation of age appropriate health education materials on bullying.

8. Belau Modekngei High School Summer Camp Initiative- This initiative targets high school students. It aims at developing and reinforcing positive youth development through incorporation of life skills into culturally relevant activities. Student campers partake in activities that teach craft skills, weaving fishing, gardening, storytelling, dancing, and music.

We have also completed a Mental Health Screening Tool in collaboration with the Division of Behavioral health and have begun implementing this tool in our prenatal and post natal clinics. This tool is used in our prenatal and postnatal clinics to help identify pregnancy and post pregnancy related depression and other health problems that require behavioral health intervention before they become lifelong problems of women in Palau.

Recognizing that ear infections (otitis media) and hearing loss are significant health problems, the Unit has implemented a universal newborn hearing test and has integrated hearing screening into the school health program. This program has also been implemented and begun screening newborns prior to discharge for hearing problems. Continuation of this screening up to year two of the child's life is being implemented to assure that Otitis Media related hearing problems do not develop into lifelong problems that will prevent children from entering schools, hinder their learning process and even become a burden to their growth into adulthood. A plan for information development within this program to be integrated with the CSN/High Risk (Medical Home), Hearing Screening and the development of Birth Defect Surveillance System. An agreement with the University of the Philippines Genetic Screening Program to do screening specimens are sent to the University by the Unit in compliance with shipment/cargo (transport of blood (contaminated products) in commercial planes that cross borders of nations) policies. This has been a major accomplishment for the Unit as intermarriages among Filipinos and Palauans is increasing with some neonatal genetic disorders being more prevalent in the Philippines that it has been to our advantage to see this initiative established in Palau.

Recognizing the need for child care services to support working parents and to address various issues surrounding early childhood education, representatives from health, education, churches, and NGOs have established a Palau Early Childhood Care Initiative. The purpose of this initiative is to develop national framework legislation that will regulate childcare and early childhood centers to ensure quality and safety and to provide training in the psycho-social development needs of young children to the people who serve preschool and lower elementary children including school teachers. A model center was established by the Ministry of Health and is currently operating through the Palau Community College. A couple of private centers are known to have been established but there is no requirement for licenses, certification, or supervision of such facilities.

The Tripler Army Medical Center in Hawaii has been an instrumental piece of our newborn hearing program wherein technicians and medical personnel that work with the newborn hearing screening have benefited from the generous training time and opportunities that Tripler has provided for the unit. They have annually, whenever time and budgetary opportunities allow have been able to provide on island services such as on-site training, skills building, screening and testing and minor surgery for patients that have been identified with hearing complications. This collaboration continues to play a significant role in providing valuable hands on experience to our technicians and medical staff that would otherwise be difficult to obtain with our limited budget and on island expertise.

The Palau FHU/MCH Program has invested over many years to develop its capacity. Because of

our size and remoteness from the mainland US and countries that offer more opportunities we will continue to face the lack of qualified personnel that are committed to stay in Palau and build the local professional capacity.

/2012/ FHU's community partners has play a significant role in FHU's success in providing comprehensive services to meet the needs of MCH population. A major accomplishment in 2010 was the expansion of health initiatives in schools through the annual health and PE teachers workshop organized by FHU. Through this Health and PE workshop, schools are developing health initiatives within their schools that address health problems common to students as indicated in the school screenings. Initiatives implemented targets issues such as obesity, bullying, suicide prevention, and substance use. Program continues to work with its collaborative partners in strengthening its community initiatives that addresses issues relevant to the MCH population//2012//

***/2013/ The staffing pattern for FHU/MCH program has remained the same over the last years. Rose Mechol, the FHU clinic supervisor has recently been promoted to Public Health Nurse Supervisor, she will however continue to serve as the FHU/MCH clinic supervisor until the post for the clinic supervisor is filled. Our part time parent advocate recently resigned from his post. We are at this point recruiting for another parent advocate as this is a critical post for our CSHCN area. The program reports directly to the Chief of primary and Preventive Division under the Bureau of Public Health. Program in collaboration with NCD program is working to recruit a nutritionist who will work full time with children and families to address issues relating to obesity. The program is also involved in discussions with the Ministry of Health International Health Representative in looking for other laboratory vendors nearby to perform laboratory testing services for our newborn metabolic screening. At the present, the program is using NIH Philippine for testing, however, NIH only have the capability to test for four conditions and the program is looking to expand its metabolic screening. We are also exploring other funding options to expand the screening. Discussions are ongoing with the National Health Insurance which became effective last year. Issues relating to coverage and billing are being discussed.//2013//***

## **E. State Agency Coordination**

Family Health Unit, in partner with the Primary Health Care Program, have made its services available to all primary health care centers in the north and south islands of Palau. These services are available in four super dispensaries of which three are located in the north island of Babeldaob and one located in the south island of Peleliu. The southern dispensary caters to the population in the islands of Angaur, Peleliu and the southwest islands of Hatohobei and Sonsorol. Since the last two mentioned islands are over 300 miles across vast Open Ocean, field trips are conducted four times a year for delivery of necessary health services. A nurse is permanently posted in these islands to provide daily routine primary health care. On the other hand, supplementary services in the northern super dispensaries are provided through weekly visits to the remote villages. These services are additional activities that have been implemented along with the existing primary health care services in these communities.

FHU later expanded agency coordination in adolescent health, early childhood capacity and infrastructure building initiatives. Under these two initiatives, system changes are implemented to improve and expand community-based and individualized services for pregnant women, infants and children. Including in these initiatives is promoted legislations and regulatory measures that will safeguard preventive health and primary health care for children and adolescents during the kindergarten, primary and secondary school years. Through initiatives between the programs of: Community Advocacy Program (CAP); Non-Communicable Disease (NCD); Family Health (FH);

and Behavioral Health (BH), community education on substance use and their effects are taking grounds. National and State health status of children compiled from the school health screening program is presented to respective states. There is also a partnership partner with State Incentive Grant to develop community resiliency to substance use and abuse and to ensure availability individualized intervention program for those who desire it.

There has also been a collaboration with all schools of Palau through the Ministry of Education for the school-based health services; school Parent Teacher Associations; Head Start and other non-government agencies that happen almost on a daily basis as part of community engagement. Traditional leaders are also sought for guidance and "etiquette" in working with certain traditional groups in various communities of Palau.

The program on Early Childhood Comprehensive Systems of the Family Health Unit has led a community effort for a passage of bill on early childhood. The bill which was passed on April 2009, (RPPL 8-3), is intended to establish a council that will enable to set up specific requirements for services for children beginning from pregnancy on to 7 years of age. Through community collaboration and coordination, a national surveillance on "readiness for learning" was conducted on all households in Palau.

In parallel with the school health screening program, screening for Head Start entrants also take place annually. Coordination with other preventive health services within the Bureau of Public Health also constantly take place with regards to outreach activities as well as sharing resources such as transportation and personnel. The school-based health screening/referral/intervention is a major activity that many staff from other areas of the Bureau of Public Health jointly takes part.

The programs on Tobacco Control and Prevention (STUN) and the Bedochel Substance Abuse Treatment and Recovery Center (tobacco cessation programs) are being tapped to establish a school-based cessation service in at least two major high schools in Palau. Students that have been identified to have certain health issues are referred to various agencies in the ministry such as Dental Clinic for dental caries; High Risk Clinic for issues like weight management and hypertension; ENT Clinic for hearing problems; Eye Clinic for eye problems; and School counselor and Behavioral Health for psychosocial issues. In addition, staffs from Family Health coordinate with all schools of Palau to fill-in as added professionals in classroom instructions in areas of health, mental/social/behavioral health, physical activity, reproductive health and nutrition.

Continuous learning happens among school Physical Education teachers and educators through the Annual Health and PE Teachers Workshop being spearheaded by the Family Health Unit. This aims to uphold knowledge and promotion of the importance of good nutrition and physical education among the school youth who spend most of their time in the school environment and who tend to listen and follow examples shown by their mentors in school.

In the aspect of the health status of infants and children, clinicians are met to discuss issues relating to infant mortality rate. Discussions have identified key factors in clinicians' practice which may have worked to lower and begin the downward trend in infant mortality. In coordination with the Public Health Planning and Development, chart audit on fetal and infant mortality have commenced. Since this activity has just started, possible revisions are being studied be able to eventually gain a comprehensive understanding of the fetal and infant mortality cases in Palau. Data abstraction forms and NFIMR software of the National Fetal and Infant Mortality Review Program are being reviewed.

Implementation of Newborn screening has been included standard operating procedure in the birthing section with the consent of the parent. Included in this test are the hearing and genetic screening. Hearing screening is administered in the hospital. For the genetic screening, blood samples are collected and are sent to the Newborn Screening Center -- National Institute of Health in the Philippines. Results are sent to Palau on a regular basis. Prompt feedback from the external screening center on positive screening results is done to ensure quick steps for

confirmation and/or intervention are taken.

A team of ENT specialists from the Tripler Army Medical Center conduct services annually to Palau. These services are able to address the needs for medical expertise especially on the hearing care of clients with hearing deficiency and/or hearing loss not only among infants but also to the population of all ages in the island.

The Center on Disability Studies from the University of Hawaii at Manoa has been taking part in taking care of children with special health care needs. Technical assistance has been requested from this institution to facilitate personnel training on hearing screening and parent training for children with special health care needs. This collaboration will enable special educators and parents to acquire knowledge on issues pertaining to children with health special needs.

The Pacific Islands Forum Secretariat (PIFS), United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) have been invited to Palau, through the Ministry of Community and Cultural Affairs to assist the country in developing/adopting policies/standards and guidelines toward the ratification of the International Convention on the Rights of People with Disabilities (ICRPD). This consultation came about as a result of PIFS ministers' endorsement or ICRPD ratification and a recommendation that PIFS and its partner agencies assist member countries to work on ratifying the convention. (Consultation Purpose, Disability Inclusive Policy Development Consultation, June 14-18, 2010)

On Pregnant Women, conversion to BMI measurements to better understand the weight problems as indicated in the PRAMS-like survey. Continuation of psychosocial screening and intervention is ongoing. High risk pregnant women are attended in the high risk clinic in order to closely monitor their health and intervention may be administered timely. Following through these cases are performed from the beginning of pregnancy at the antenatal visits throughout the post partum clinic visits.

Decentralization of STI and HIV screening and conversion of these screening to dipstick based screening will enable us to better address needs of women of reproductive age group population including male.

The male health program participated in organizing for men's health conference. The conference aims to inform men the new and/or existing health services available; to provide health information; to determine any cultural/social issues of masculinity that might be relevant in engagement of health services and health-seeking behavior; and finally to discover avenues in which men can be more proactive in terms of their health. Coordination was made to the community through the Ngerubesang Men's Club; Various Women's Organizations; Ministry of Education; Palau Visitors Authority; Various Local Businesses and Vendors; and the Rubekul Belau.

FHU has also taken an active role by working with other public health programs to influence changes in the Management Information System so that it can be more responsive to end-user needs; more opt to change with the changing information requirements and more advancement in technology.

Through networking with the University of the Philippines Population Institute, staff training course on basic data analysis using Statistical Package for the Social Sciences (SPSS) was made possible. The course was designed to enhance the knowledge and skills in data analysis of the staff. Emphasis on the interpretation and analysis of computer outputs will become a tool in understanding health issues in Palau.

/2012/ Intra and interagency collaboration is so much ingrained in how FHU works that it has become a second nature to the unit. FHU collaborates with all schools of Palau for its school-

based health services; collaboration with states, school PTA's, Head Start and other non-government agencies happen almost as part of community engagement "way of doing things ". In 2010, FHU began a series of discussions with PREL in organizing a team to review the various mch health indicators including health indicators for children coming out of the annual school health screening and the YRBS. The results of this review will be used to guide program in tailoring its services and interventions to appropriately address the needs of Palau MCH population.

Program continues its work with its collaborative partners. The Early Childhood Council has been organized and has held a series of meeting to discuss its work in developing the framework for early childhood care and education. FHU continues to work with ECCS committee in strengthening the medical home concept in the community and engaging parents in discussions regarding services for children. The Adolescent collaborative continues its work in the schools. In light of the obesity and NCD's health issues, the collaborative group have began a series of discussions with parent groups in addressing these issues. Some of the issues identified in these discussions include organizing parental trainings addressing diet and physical activities, developing after hour fitness programs for families, and providing trainings to schools on healthy and balance nutrition. Discussions with partners are ongoing regarding organizing these trainings//2012//

***//2013/ The program continues to expand its agency coordination in adolescent health and early childhood capacity building initiatives. Under these initiatives we are working with our partners to implement system changes to improve and expand community base services for children and families. Our Adolescent Health Collaborative Committee and the Early Childhood Comprehensive System Committee has been our most strong and supportive partner in building community initiatives that addresses our MCH priorities. In 2011, we continued our community engagement activities with the ECCS team and conducted numerous community forums where parents and community members are engaged in discussions on important health issues affecting children. The Adolescent Health Collaborative created in 2005 has taken the lead in implementing system changes in the school environment. One of the changes that took place in 2011 is the development of a policy prohibiting soda drinks on school grounds. The Adolescent Health Collaborative will also be organizing the 7th Annual Health and PE Teachers workshop which will also highlight some of the health initiatives undertaken by the schools.//2013//***

## **F. Health Systems Capacity Indicators**

***//2013/. The Ministry of Health through its local funding support provides certified/licensed medical staff to Family Health Unit clinics. In addition, diagnostic and pharmacy and rehabilitative services are accessed through collaboration with Belau National Hospital. Social and mental health intervention, dental services and other public health related services are provided to FHU clients also through on-going collaboration between different public health programs. Family Health Unit also has on staff, social workers, counselors, and nurse practitioners who provide services not only in the central clinic but also through field visits to the north island via CHC supported health centers, south islands health centers and also through clinics in the schools. FHU mainly provides prevention services such as:***  
***childhood immunization (follows CDC Schedule for Childhood Immunization)***  
***well-baby services (2 weeks post birth to before school entry)***  
***pre and post natal services (Obstetrics and Gynecological Services)***  
***health screenings & Referral (Odd grades beginning 1st and ending 11th grades)***  
***family planning services (Contraceptives, Fertility Counseling, referral)***  
***services for children with special health care needs (clinics and referral)***  
***and more recently male health wellness services.***

***Referral to Belau National Hospital specialized clinics are also available for FHU clients. Although only about 15% of the general population is insured (2000 and 2005 Census of Population, Office of Planning and Statistics, Republic of Palau), as a constitutional mandate, preventive and primary health care are supported by the Palau National Government, therefore, services that FHU provides fall into this category.//2013//***

## IV. Priorities, Performance and Program Activities

### A. Background and Overview

The Ministry of Health in the last ten years has been monitoring the cost of health care and has identified obesity related health conditions as the major leading cause of health expenditures . Since 2005, the Family Health Unit/MCH Title V Program (FHU/MCH), Bureau of Public Health through its collaborative efforts with all schools of Palau has implemented a school-based health screening for grades 1, 3, 5, 7, 9, and 11th every year. The data over the last 4 years, indicate that greater than 36% of children in Palau fall in the overweight and obese category. The issue of obesity and its risk factors of physical activity and nutrition has been known over many years.

FHU/MCH has made stride in the last five years to be improve its data system, from collection and analysis to reporting so that it is now in a position as an "Authority" of health in the community and sought after for opinion in the policy and legislative arena. Over these years, The Unit has established some key pediatric indicators relating to:

- |                                    |                                  |
|------------------------------------|----------------------------------|
| • At Risk/Obese Vs. Activity Level | OR 2.3 (95%CI = 1.79-2.96)       |
| • At risk/Obese Vs. Pre HTN/HTN    | OR 5.3 (95%CI= 3.45 -- 8.17)     |
| • Psychosocial Vs. ANM             | OR 2.24 (95%CI = 1.71 -- 2.94)   |
| • AMN Vs. Sexual Activity          | OR 11.07 (95%CI = 5.23 -- 23.86) |
| • Academic Performance Vs. Bullied | OR 1.74 (95%CI = 1/18 -- 2.57)   |

These findings have encouraged school to take active role in the health of their children by implementing specific intervention to deal with issues within their schools. Over the last 5 years we have worked with schools to improve their capacity in providing onsite counseling to their students including capacity building in the physical activity and health classes through continuing annual workshops for teachers. We share the knowledge with school managements and PTA through annual presentations to schools and public school management teams.

Although FHU/MCH Title V Program continues to be a "Program" and not a Division or a Bureau, it has exceeded its expected role in Palau, not only a provider of services, but also has pushed issues relating to its population into legislative agenda (such as a member of a national committee to develop integrated health & pe curriculum), developed and pushed for passage of the first national framework on early childhood, key stakeholder in development of a national policy for disability, lead agency for a UNICEF sponsored research on child protection and also a key stakeholder/partner in the development of a Family Protection proposed legislation.

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***/2013/. The state performance measures remain as they are. We will retain these measurements until the next needs assessment.//2013//***

## **B. State Priorities**

In the next 5 years (2011 -- 2015), the Palau Family Health Unit/MCH Title V Program will be strategically directed to focus its attention and resources on the following priorities. These priorities were echoed by the community during the year in meetings, workshops and conferences (annual women's conference and men's conference). The youth conference also had many recommendations that are being considered in the activities on the strategic direction of the program. Following is a list of the Palau State Priority Needs and a brief reason why they were chosen:

1. To increase the well-baby service attendance for 12, 24 and 36 months, and 4 and 5 years olds enumerated by age and averaged for the year.  
The well --baby services encompass medical, developmental, immunization and social assessment of all children who attend the clinic. Assuring that a higher percentage of children are screened will initiate early intervention on a timely basis and will provide a wealth of information that helps in directing program strategies and activities.
2. To improve birth outcome through routine and timely Infant Fetal Maternal Morbidity and Mortality Review (IFMMMR)  
Adopting this review process will enable us to identify issues within the system and within the community that will need to be corrected so that unnecessary mortalities do not occur. Lessons learned from this process not only helps in medical intervention but provide true pictures that can assist the community to adopt changes to overcome health problems. This makes for a better partnership of the health system and the community.
3. To increase the rate of women in reproductive age group whose BMI is under 27.  
Overweight and Obesity in adult women is prevalent in Palau. Not only are we concerned with obesity and its risk factor of NCD, but also its contribution to negative birth outcome and the health of the infant including infertility.
4. To increase the percentage of children enrolled in school in odd grades who participate in the annual school health screening and intervention program.  
This strategy has provides preventive services and intervention to a population that are the least users of health services. Unless they become sick, preventive health services are ignored. The information that is becoming available to us indicate that there is a great need to focus attention on this group to reduce NCD, Reproductive health problems, and other chronic problems that makes our ethnic group a dying population.
5. To reduce the rate of suicide ideation for adolescents 11 -- 19 years old.  
Suicide is a major cause of mortality in this age group. Its association with other social and behavioral problems makes it a good strategic direction as it provides us avenue to explore other issues that influences suicide.
6. To reduce the percentage of children and adolescents ages 18 and under who report using (smoke/chew) tobacco in the last 30 days.  
As mentioned under item#, this is a risk factor for health, social and behavioral problems. As pointed out in the needs assessment the use of alcohol, nicotine and marijuana in this age group is a gateway to early onset of sexual intercourse and with early menarche in girls, puts them at risk for pregnancy, sexually transmitted infection and other psycho-social problems including learning issues and school drop-out.
7. To increase the percentage of pregnant women who enter prenatal care in the first trimester.  
Early entry to prenatal care contributes to early intervention if the mother has existing health problems. This will have a positive impact on birth outcome.
8. To reduce the rate of pre-term delivery.  
Pre-term delivery is a reason for infant and fetal mortality. NCD, STI and other risk factors are indicators for pregnant women in Palau. Concentrating on this indicator will influence how we direct our activities to address more than just this priority.
9. To increase the percentage of parents/caretakers who report that their children with special health care needs receive quality health care.  
Focusing on quality health care requires us to work collaboratively and coordinate with other

programs in and outside of the health system including parents. This means that all partners will have an input to improvements. Additionally, they will benefit from resources and capacity building initiatives.

10. Increase the percent of children who are victims of abuse and neglect that are provided appropriate and comprehensive services.

To be in compliance with Palau's child protection act and the soon to be legislated Family Protection Act, this strategy will enable to develop a system of identifying, managing and assisting children and families who become victims of abuse and neglect. This strategy will enable us to work with other partners, specifically justice and community services to develop social service systems that assist people/children who become marginalized and abused.

/2012/ Palau will maintain the priority areas identified in the 2010 year application.

1. To increase the well-baby service attendance for 12, 24 and 36 months, and 4 and 5 years olds enumerated by age and averaged for the year.

The well --baby services encompass medical, developmental, immunization and social assessment of all children who attend the clinic. Assuring that a higher percentage of children are screened will initiate early intervention on a timely basis and will provide a wealth of information that helps in directing program strategies and activities.

2. To improve birth outcome through routine and timely Infant Fetal Maternal Morbidity and Mortality Review (IFMMMR)

Adopting this review process will enable us to identify issues within the system and within the community that will need to be corrected so that unnecessary mortalities do not occur. Lessons learned from this process not only helps in medical intervention but provide true pictures that can assist the community to adopt changes to overcome health problems. This makes for a better partnership of the health system and the community.

3. To increase the rate of women in reproductive age group whose BMI is under 27.

Overweight and Obesity in adult women is prevalent in Palau. Not only are we concerned with obesity and its risk factor of NCD, but also its contribution to negative birth outcome and the health of the infant including infertility.

4. To increase the percentage of children enrolled in school in odd grades who participate in the annual school health screening and intervention program.

This strategy has provides preventive services and intervention to a population that are the least users of health services. Unless they become sick, preventive health services are ignored. The information that is becoming available to us indicate that there is a great need to focus attention on this group to reduce NCD, Reproductive health problems, and other chronic problems that makes our ethnic group a dying population.

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As mentioned under item#, this is a risk factor for health, social and behavioral problems. As pointed out in the needs assessment the use of alcohol, nicotine and marijuana in this age group is a gateway to early onset of sexual intercourse and with early menarche in girls, puts them at risk for pregnancy, sexually transmitted infection and other psycho-social problems including learning issues and school drop-out.

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Early entry to prenatal care contributes to early intervention if the mother has existing health problems. This will have a positive impact on birth outcome.

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Focusing on quality health care requires us to work collaboratively and coordinate with other programs in and outside of the health system including parents. This means that all partners will have an input to improvements. Additionally, they will benefit from resources and capacity building initiatives.

10. Increase the percent of children who are victims of abuse and neglect that are provided appropriate and comprehensive services.//2012//

**/2013/. Palau will retain the same state priorities until the next needs assessment//2013//.**

## C. National Performance Measures

**Performance Measure 01:** *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	95	97	99	99	99
Annual Indicator					0.0
Numerator					0
Denominator					247
Data Source		Newborn Screening Database	Newborn Screening		Newborn Screening
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	99	100	100	100	100

#### Notes - 2011

In 2011, there were no newborns that were screened positive for any of the genetic screening done. Among the 247 live births, 244 or 98.8% were screened for Phenylketonuria, Congenital Hypothyroidism, G6PD and Congenital Adrenal Hyperplasia.

#### Notes - 2010

/2012/ Among the 247 live births in 2010, 236 or 86% were screened for Phenylketonuria, Congenital Hypothyroidism, G6PD and Congenital Adrenal Hyperplasia. There were two (2) babies confirmed for G6PD. These babies were enrolled to the High Risk Clinic wherein regular check-up for follow-up and parent counseling are done.//2012//

#### Notes - 2009

In 2009, 151 babies who were born from January to August 2009 have undergone the Genetic Screening Tests. The screening ceased in Aug due to unavailability of testing kits. Screening resumed in January 2010. Among the births from January to August 2009, 79% (151/191) of the occurrent births were screened.

The hearing screening for newborns was able to test 97.4% (266/273) of the infants in 2009. 23 babies have not passed the hearing test and are awaiting diagnosis.

There are no screen positive newborns in 2009.

#### **a. Last Year's Accomplishments**

Two internal trainings were conducted last year focusing on case management and health education for parents. Health education materials were reviewed and revised and distributed to parents. Discussions took place on the development of data base for metabolic screening to be linked with the newborn hearing data base. Discussions pending the completion of the newborn hearing data base.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Ongoing trainings on screening protocols and quality assurance for staff.				X
2. Brochure/pamphlet for parents developed and disseminated to parents.				X
3. Ongoing discussions regarding development of certification process for newborn screening technicians.				X
4. Ongoing discussions with College of Health through Palau Community College for trainings and CE's on newborn screening.				X
5. Discussions on other possible laboratory facilities to perform testing on more conditions.				X
6.				
7.				
8.				
9.				
10.				

#### **b. Current Activities**

We continue to provide internal trainings on case management and referral process for providers. Other health education materials are being compiled and reviewed and will be included in the prenatal package for expecting moms. There are ongoing discussions with the International Health Representative to explore other potential laboratory vendors nearby the region who will be able to perform testing on more conditions than the four conditions currently being tested through NIH Philippine. Data linkage on genetic screening data to the newborn hearing data base being discussed.

#### **c. Plan for the Coming Year**

Ongoing trainings will continue for next year. Staff will be provided with further trainings on early identification and intervention as well as further training on data collection and monitoring. We will also be developing information for the media and other health education materials for the community. Program will continue to explore other options in expanding its metabolic screening. One of the issue being considered and will require further discussions is the possibility of the

National health insurance to provide coverage for newborn screening services including metabolic screening.

### Form 6, Number and Percentage of Newborns and Others Screened, Cases Confirmed, and Treated

The newborn screening data reported on Form 6 is provided to assist the reviewer analyze NPM01.

<b>Total Births by Occurrence:</b>	<b>247</b>					
<b>Reporting Year:</b>	<b>2011</b>					
<b>Type of Screening Tests:</b>	<b>(A) Receiving at least one Screen (1)</b>		<b>(B) No. of Presumptive Positive Screens</b>	<b>(C) No. Confirmed Cases (2)</b>	<b>(D) Needing Treatment that Received Treatment (3)</b>	
	No.	%	No.	No.	No.	%
Phenylketonuria (Classical)	244	98.8	0	0	0	
Congenital Hypothyroidism (Classical)	244	98.8	2	0	0	
Galactosemia (Classical)	244	98.8	0	0	0	
Sickle Cell Disease		0.0				
Congenital Adrenal Hyperplasia	244	98.8	0	0	0	
Hearing Screening	246	99.6	11	0	0	
Glucose-6 Phosphate Deficiency	244	98.8	1	0	0	
Depression Screening for Pregnant Women	266		4	0	0	
BMI Screening for school children	1232		433	352	345	98.0
Vision Screening for school children	1065		41	41	22	53.7
Hearing Screening for school children	1212		320	320	166	51.9
Bullying screening for school children	1226		250	250	157	62.8
Hypertension screening for	1231		17	17	11	64.7

school children						
Dental Screening for School Children	1232		911	822	527	64.1
Post-Partum Depression Screening	217		7	0	0	
OAE Screening for 1st & 3rd Grade Students	503		70	70	41	58.6

**Performance Measure 02:** *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

#### Tracking Performance Measures

[Secs 485 (2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	78	81	92	92	93
Annual Indicator	90.3	90.3	90.3	90.3	92.8
Numerator	65	65	65	65	181
Denominator	72	72	72	72	195
Data Source		SLAITS-like Survey, 2007	SLAITS-like Survey, 2007	SLAITS-like Survey, 2007	SLAITS-like Survey, 2011
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	94	95	95	95	95

#### Notes - 2011

Among the 252 surveyed parents/guardians of those identified Children with Special Health Care Needs, 77.5% (195/252) responded to the questions at the section on 'Satisfaction with Care'. Computing for the overall average of the seven items in the said section, almost all (92.8% or 181/195) said that their doctor or health care professional have either 'always' or 'some of the time' addressed the issues and concerns of their children. Questions under this section and percent of 'always' and 'some of the time' responses are as follows: Doctor (a) Spent enough time with your child when your child sees him/her? - 90.8% (177/195); (b) Listened to you regarding your child's health/medical problems? - 95.4% (186/195); (c) Been sensitive to your family's values and traditions. - 88.7% (172/194); (d) Given you enough information about your child's condition?. - 89.6% (180/195); (e) Discussed with you concerns relating to your child's health? - 92.9% (182/196); (f) Showed you how to care for your child? - 93.4% (183/196); and (g) Made you feel like an important partner in your child's care? - 95.9% (188/196).

**Notes - 2009**

/2009/ - In 2008, we are using data from 2007 as our survey for 2009 has not been completed. We were suppose to conduct it March, however, due to many procedural changes with the new Palau Government Administration, the paper works were returned and we have to begin the process again. We will have the information for the 2010 Needs Assessment.

**a. Last Year's Accomplishments**

The SLAIT-Like Survey began in May of 2011 . Results of survey will be available for the 2013 application.

Staff training on counseling skills was conducted through collaboration with the Behavioral Health Department. These training focuses on case management and care coordination for children with special needs and their families.

Reorganization within Public Health and the creation of a Social Health Unit has integrate all social services including CSN case coordination into a centralized area and services for CSN will be streamlined. This will enable Family Health to better track and monitor case coordination activities for CSN.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. CSN Care Coordinator providing training for parents		X		
2. Parental meetings on service improvements and capacity building				X
3. Outreach activities with Omekesang Association				X
4. Forum on Disability Policy Development				X
5.				
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

Data from the 2011 SLAIT-Like Survey indicates that 77.5% of the parents surveyed were satisfied with the services they received. The program in partnership with the ECCS committee, Head Start and Special Ed conducted community outreach early this year. The primary purpose of this outreach was to promote the concept of Medical Home to and to provide awareness to parents on the availability and accessibility of services. The program also began working with Palau Parent Empower (PPE) in providing resource materials for parents of children with special needs.

**c. Plan for the Coming Year**

Conduct training for parents of CSN. Work with other community NGO's such as Palau Parent Empowered and Omekesang in developing health education materials that are culturally appropriate for Palau's CSN and families.

Conduct additional trainings on case management and care coordination for CSN for parents and service providers.

Improve data collection capacity for Family Health to collect pertinent information for CSN through training of staff and enhancement of existing data base.

Conduct community outreach to better educate parents and the community on availability and access of services for CSN.

Develop health education materials for the public in general and parents of CSN.

**Performance Measure 03:** *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

#### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	37	40	60	62	65
Annual Indicator	57.7	57.7	57.7	57.7	59.4
Numerator	41	41	41	41	98
Denominator	71	71	71	71	165
Data Source		SLAITS-like Survey, 2007	SLAITS-like Survey, 2007	SLAITS-like Survey, 2007	SLAITS-like Survey, 2011
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	68	70	70	70	70

#### Notes - 2011

Under the section on 'Care Coordination' in the CSHCN Survey, scoring of either 4 or 5 averaged to 59.4% (98/165) for the four items. The question on 'Overall, how would you rank your child's coordination of care in the past 12 months?' received the lowest score of 50.3% (91/181) while the question on 'How satisfied are you with the help you have received in the coordination of your child's care?' received the highest score of 64.9% (122/188). The question on 'How well do you think your child's doctor and other health care providers communicate with each other about your child's care?' received a score of 61.4% (97/158) and the question on 'How well do you think your child's doctors and other health care providers communicate with his/her school, early intervention program, childcare providers, or vocational rehabilitation services?' received a score of 63.4% (83/131).

#### Notes - 2010

/2012/ The Children with Special Health Care Needs Survey in 2007 showed that 90.2% (65/72) of primary care givers (family members) expressed that the doctors and other health care service providers have "always" and "some of the time" addressed issues and concerns of their children. This is the overall average of the seven items that were asked from the family members to measure their satisfaction with the care given to them. All the items had scores greater than 80%.

There is great improvement in the satisfaction compared with last year's 72% average percentage of their satisfaction. Survey is currently being conducted and results will be available next year //2012//

#### Notes - 2009

/2009/ - In May 2009 a training on counseling skills was provided to all public health social workers and counselors. This training provided skill building sessions that focuses on provider client relationship and communication. Another training on case management and care coordination will take place this year in November. This training will provide skill building sessions for service providers in working with CSN clients and their families//2010//

#### a. Last Year's Accomplishments

Providers were trained on case management and referral process for CSN. This training provided skill building sessions that focuses on provider client relationship and communication. Another training on case management and care coordination took place in November of 2011. This training was conducted in collaboration with the Behavioral Health Division and focused on working with parents of children with special needs.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Case management /support services		X		
2. Increased home visitations		X		
3. In house trainings on protocols				X
4. Quality Assurance/routine chart audit				X
5. Monthly case conference meetings through HRC				X
6.				
7.				
8.				
9.				
10.				

#### b. Current Activities

SLAIT-Like survey was completed early this year. The program needs to strengthen its care coordination activities and actively promote the concept of medical home. Care coordination received the lowest rating in the SLAIT-Like Survey. About 50.3% of the parents who were surveyed felt that their children received comprehensive and coordinated care within a medical home. We are looking at this issue and working closely with our NGO partners in addressing this issue. Program is currently recruiting for a parent advocate to be able to work to coordinate these services for the CSHCN population.

#### c. Plan for the Coming Year

Services are ongoing and we continue to refine our efforts and strategies to better provide comprehensive services to CSN. Ongoing trainings focusing on staff development will be provided in the coming year.

**Performance Measure 04:** *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	20	11	12	14	16
Annual Indicator	10.6	10.6	10.6	10.6	82.9
Numerator	11	11	11	11	194
Denominator	104	104	104	104	234
Data Source		SLAITS-like Survey, 2007	SLAITS-like Survey, 2007	SLAITS-like Survey, 2007	SLAITS-like Survey, 2011
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	18	20	20	20	20

#### Notes - 2011

With the implementation of Palau's Healthcare Fund in 2010, most (82.9% or 194/234) of the parents/guardians of CSHCN have claimed to have insurance. Almost all (95.7% or 179/187) also said that their child's health/medical insurance covers their health care and prescription costs.

#### Notes - 2010

/2012/ This indicator as reported last year was also very low. We expected it to be low as health care services for children with special needs are heavily subsidized by the government of Palau.//2012//

#### Notes - 2009

/2009/ - This indicator as reported last year was also very low. We expected it to be low as health care services for children with special needs are heavily subsidized by the government of Palau.//2010//

#### a. Last Year's Accomplishments

With the implementation of Palau's Healthcare Fund in 2011, most (82.9% or 194/234) of the parents/guardians of CSHCN claimed to have insurance. Almost all (95.7% or 179/187) also said that their child's health/medical insurance covers their health care and prescription costs.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. National Health Insurance Implemented		X		
2. Track coverage on children with special needs				X
3.				
4.				

5.				
6.				
7.				
8.				
9.				
10.				

#### b. Current Activities

With the implementation of Palau's Healthcare Fund in 2011, most (82.9% or 194/234) of the parents/guardians of CSHCN claimed to have insurance. Almost all (95.7% or 179/187) also said that their child's health/medical insurance covers their health care and prescription costs.

#### c. Plan for the Coming Year

The National Health Insurance will continue to provide coverage.

**Performance Measure 05:** *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

#### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	40	60	62	64	67
Annual Indicator	57.7	57.7	57.7	57.7	10.7
Numerator	41	41	41	41	26
Denominator	71	71	71	71	243
Data Source		SLAITS-like Survey, 2007	SLAITS-like Survey, 2007	SLAITS-like Survey, 2007	SLAITS-like Survey, 2011
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	69	69	69	69	69

#### Notes - 2011

A revision was made in CSHCN Survey that was conducted in 2011 to include a section on 'Availability and Accessibility of Community Support Systems'. On average, 1 out of 10 (10.7% or 26/243) said to have availed of some community support systems such as financial support from Palau Disability Stipend Program, parental support from PPE, Omekesang; and support from faith base organizations. The parental supports that have they have received are 'Parental

Training'; 'Resource and Information'; 'Guidance on child's special needs care'; 'Advocated for my family and child'; and others. Supports from faith base organizations include: 'Financial/Sustenance Assistance'; 'Resource and Information'; 'Guidance on child's special needs care'; 'Advocated for my family and child'; and 'Spiritual Support/Empowerment'.

#### Notes - 2010

/2012/ As reported in performance measure 3, when we conducted the trainings and we opened them to our collaborative partners. This is to strengthen collaboration so that services can be streamlined and practices improved at different sites. There are no NGO's supported CSHCN community-based services. Therefore, collaboration on capacity building and coordination of services are key service models that we utilize in order to expand community-based intervention. //2012//

#### Notes - 2009

/2009/ - As reported in performance measure 3, when we conducted the trainings in 2007 and 2008, we opened them to our collaborative partners. This is to strengthen collaboration so that services can be streamlined and practices improved at different sites. Staff attended training in Guam on "Wrap Around System of Care" and Medical Home for CSN and high risk adolescents. In Palau community-based system of care for CSHCN are more or less government supported. There are no NGO's supported CSHCN community-based services. Therefore, collaboration on capacity building and coordination of services are key service models that we utilize in order to expand community-based intervention.//2010//

#### a. Last Year's Accomplishments

FHU continues to work with Omekesang and PPE in strengthening the community NGO's capacity to provide services that are family centered and culturally appropriate. Series of meeting with both groups took place last. A brochure on Family Health Unit services for CSN was developed last year.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wellness Clinic opened		X		
2. Outreach activities through dispensaries		X		
3. Trainings for providers on case management and intervention				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

#### b. Current Activities

Data from the 2011 SLAIT-Like Survey indicate that 10% of the parents surveyed felt that community based services were organized and easily accessible. A revision was made in CSHCN Survey that was conducted in 2011 to include a section on 'Availability and Accessibility of Community Support Systems'. On average, 1 out of 10 (10.7% or 26/243) said to have availed of some community support systems such as financial support from Palau Disability Stipend Program, parental support from PPE, Omekesang; and support from faith base organizations. The parental supports that have they have received are 'Parental Training'; 'Resource and Information'; 'Guidance on child's special needs care'; 'Advocated for my

family and child'; and others. Supports from faith base organizations include: 'Financial/Sustenance Assistance'; 'Resource and Information'; 'Guidance on child's special needs care'; 'Advocated for my family and child'; and 'Spiritual Support/Empowerment'.

### c. Plan for the Coming Year

Continue trainings on staff development in areas of case management and care coordination for CSN and their families.

Improve data base to better capture CSN activities.

Develop health education materials on CSN.

Continue to work with Special Education in developing trainings for school staff and parents of CSN.

**Performance Measure 06:** *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	36	78	80	82	84
Annual Indicator	76.7	76.7	76.7	76.7	72.7
Numerator	56	56	56	56	40
Denominator	73	73	73	73	55
Data Source		SLAITS-like Survey, 2007	SLAITS-like Survey, 2007	SLAITS-like Survey, 2007	SLAITS-like Survey, 2011
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	85	85	85	85	85

### Notes - 2011

By average, about 72.7% (40/55) of the parents/guardians have said that they have received the services they need in the past 12 months of the CSHCN survey. The services they availed were: 'care from primary care physician' - 98.1% (156/159); 'care from specialty physician' - 79.6% (43/54); 'vocational rehabilitation services' - 66.7% (2/3); 'dental care including checkups' - 94.2% (113/120); 'physical, occupational, or speech therapy' - 87.1% (27/31); 'mental health care counseling' - 87.5% (14/16); 'substance abuse treatment and counseling' - 100% (n=1); 'eyeglasses or vision care' 100% (n=12); 'hearing aids' - 93.3% (14/15); 'home health care' - 93.3% (14/15); and 'prescription medications' - 96.4% (27/28). About 75.9% (154/203) said that their child have not been delayed or gone without health care. Majority (53.7% or 110/205) have

expressed that their child have a regular doctor or nurse who provides routine health care including well baby and preventive care.

#### Notes - 2010

/2012 As reported in the previous years, this was a good performing care component. However, in re-assessing the information, the component of this care which was low was in the area of identified health care provider for the child. The access to care and availability of care was at 97% but previously mentioned care component was 55%. This reflects that the characteristic of the Palau medical home design. In this design, there are several pediatricians, nurses, and social workers who are part of this medical home. Therefore, any child with special need can access quality care at any time and place. Although the systems are in place for provision of health care and transitioning from child to adulthood, components of care that really prepares the child with special needs to be an independent adult are not in place. We understand this, and will need a complete paradigm shift from cultural and traditional contexts of family responsibility to an individual rights and responsibilities to attain fulfillment of life //2012//

#### Notes - 2009

/2009/ - As reported in the previous years, this was a good performing care component. However, in re-assessing the information, the component of this care which was low was in the area of identified health care provider for the child. The access to care and availability of care was at 97% but previously mentioned care component was 55%. This reflects that the characteristic of the Palau medical home design. In this design, there are several pediatricians, nurses, and social workers who are part of this medical home. Therefore, any child with special need can access quality care at any time and place. Although the systems are in place for provision of health care and transitioning from child to adulthood, components of care that really prepares the child with special needs to be an independent adult are not in place. We understand this, and will need a complete paradigm shift from cultural and traditional contexts of family responsibility to an individual rights and responsibilities to attain fulfillment of life.//2010//

#### a. Last Year's Accomplishments

As reported in the previous years, this was a good performing care component. This reflects that the characteristic of the Palau medical home design. In this design, there are several pediatricians, nurses, and social workers who are part of this medical home. Therefore, any child with special need can access quality care at any time and place.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Community forums with Omekesang				X
2. Collaboration and support for Palau's Parent Empower				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

#### b. Current Activities

Trainings and collaborative works with outside partners are ongoing. We continue to work with the medical home concept in ensuring that clients receive the necessary and appropriate services

needed to transition.

Continue to work with parents in providing necessary support to help parents assist CSN in transitioning.

The 2011 SLAIT --Like surveyed revealed that 72.7% of parents/guardians indicated that their child with special health care needs received the necessary services needed to make transition to adulthood. Services range from primary care visits, vocational rehabilitation, routine dental work, occupational and speech therapy, mental health and substance use counseling, hearing and vision care.

### c. Plan for the Coming Year

Ongoing trainings will be provided to service providers and parents.

Will begin discussion with BEEA ( Belau Employment Assoc and Commerce) in possible initiative to provide employments for CSN.

Develop life skill trainings for CSN clients.

**Performance Measure 07:** *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	100	100	100	100	100
Annual Indicator	95	96	88	82	79.3
Numerator					518
Denominator					653
Data Source		Immunization Registry	Immunization Registry	Immunization Program	Immunization Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	100	100	100	100	100

### Notes - 2011

Data is reported by immunization program.

**Notes - 2010**

/2012/ Palau is unable to report on this measure at the present time. Data will have to be verified and confirmed with Immunization//2012//

The immunization coverage for 19-35 months in 2010 was 82%.

**Notes - 2009**

Precalculated data from immunization registry

**a. Last Year's Accomplishments**

Data base developments are on-going and program continues to work with the Immunization program to increase coverage rate.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Assessed immunization coverage from the tracking and registry database				X
2. Trainings on timely follow ups		X		
3. System enhancement and linking of immunization data base to MCH data base				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

We are currently working with the Immunization program and our well baby clinics in addressing the coverage rate. Discussions on existing protocols and reassignments of staff are ongoing. The program is working closely with the Immunization team in developing a plan to accurately address this performance measure.

We have also conduct community outreach with our partners in raising awareness on the importance of immunization.

**c. Plan for the Coming Year**

In addition to improving our data collection and database capacity, we plan on conducting trainings for in house staff on issues relating to timely follow ups on immunization and better tracking mechanism to ensure that this indicator is improved.

**Performance Measure 08:** *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
---------------------------------------	------	------	------	------	------

Annual Performance Objective	10	6.4	6	6	5.8
Annual Indicator	6.5	13.1	15.1	12.9	8.5
Numerator	3	6	7	6	4
Denominator	459	459	463	466	470
Data Source		Birth Certificate, FHU Registry	Birth Certificate, FHU Registry	Birth Certificate, FHU Registry	Birth Certificate, FHU Registry
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	5.6	5.2	5.2	5.2	5.2

#### Notes - 2011

Among the 4 teenage mothers who delivered in 2011, one (1) was 15 years old and three (3) were 17-year olds.

#### Notes - 2010

/2012/ Age breakdown of teenagers who delivered in 2010 are: one 14 yrs old; one 15 years old; one 16 years old; three 17 year olds; seven 18 year olds; and eight 19 year olds.//2012//

#### Notes - 2009

Among these 7 teenage mothers who delivered in 2009, 4 were 16 years old and 3 were 17 years old. There were also 8 mothers (2.9%) who were 18 years old and 19 mothers (7.0%) were 19 years old.

#### a. Last Year's Accomplishments

In 2011, we began discussions and planning on assessment of the effectiveness of the following initiatives within FHU: School Health Screening and Intervention; Strengthening Project; and Summer Camps. We work with the community NGO to document the model of community based intervention that is being incorporated in their summer camp. We work with Palau YRBS to further analyze the YRBS data to provide us information on risk factors that influences children's sexual practices and their reproductive health. This year through the adolescent collaborative initiative, we began discussions on doing collaborative research with school principals and staff to further look into the results of the school health screening and the YRBS. This collaborative research will enable us to identify potential risk factors that can guide us in designing initiatives and programs in addressing needs that are specific to Palau's children. We have also developed a data base to track our school health interventions which monitors intervention activities for children and youth who are found to have psychosocial issues including those who pose risky sexual behavior.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Counseling and comprehensive family planning services provided to sexually active students identified through school health screening.		X		
2. Adolescent Health Collaborative Initiatives / health and PE teachers Workshop				X
3. Reproductive Health Strategic plan				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

We continue to work with our School Health Program and our school partners in addressing this performance measures. Health education on reproductive health and family planning are ongoing. Our HIV/STI program is creating a training module on adolescent sexual health and will be presented to the Adolescent Health Collaborative for review.

**c. Plan for the Coming Year**

School Health Screening and Interventions are ongoing and activities targeting children and adolescents will continue. We continue to work with the schools and our NGO's partners in addressing the reproductive health needs of Palau's children. The adolescent health collaborative team will continue its work on the collaborative research. This research will be support by other multilateral agencies (UNFPA, & UNICEF). We foresee that this process will enable us to build and improve our capacity in areas of research specifically in children and adolescent health. This process will also open doors for us to partner with other international body in addressing issues that are specific to the pacific jurisdiction as well as provide additional resource to Palau's MCH program in addressing the needs of MCH population.

**Performance Measure 09:** *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

## Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	87	90	93	93	93
Annual Indicator	87.1	81.9	15.2	20.8	47.9
Numerator	155	104	41	50	128
Denominator	178	127	270	240	267
Data Source		Dental Serv. Tracking System	Dental Services	Dental Services	Dental Services
Check this box if you cannot report the numerator because					

1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	94	95	95	95	95

#### Notes - 2011

2011 Cavity rate: Among the 261 third grade students during the school health screening, 186 (71.3%) were identified to have caries. Among the 217 fifth grade students checked, 158 (72.8%) were identified to have caries.

#### Notes - 2010

/2012/ Dental services have reported that sealants supplies were not available during the scheduled school dental clinic.

Among the 212 third grade students checked, 196 or 92.5% of the students were identified to have caries. Among the 219 fifth grade students checked, 187 or 85.4% were identified to have caries. Overall proportion of students in the 3rd and 5th grades who have caries is 88.9%./2012//

#### Notes - 2009

Dental services reported low number of recipients of sealants due to inavailability of supplies. Denominator used in this indicator is the census of all 3rd grade students from all the schools in Palau.

Among the 199 third grade students checked for dental caries, 105 or 28.2% of them identified to have caries. Among the 173 fifth grade students, 56 or 15.1% were identified to have caries. Combining 3rd and 5th Grades gives us a proportion of 43.3% students having tooth decay.

#### a. Last Year's Accomplishments

FHU worked to increase collaboration effort with the Division of Oral Health. Since dental health screening is part of the School Health Screening, it is important for the Division of Oral Health to increase their effort in preventive dentistry for children.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Oral Health as part of the School Health Screening and intervention			X	
2. Collaboration with Oral Health in the process of identification, referral, and intervention.		X		
3. Training conducted on dental screening for service providers involved with the school health screening.				X
4.				
5.				
6.				
7.				
8.				
9.				

10.				
-----	--	--	--	--

#### b. Current Activities

FHU continued to work with Oral Health to ensure that children and adolescents needing dental services are seen and are followed up. Oral Health now has a new Chief and discussions on organizing dental services specific to children and adolescents are ongoing.

#### c. Plan for the Coming Year

FHU and Oral Health will provide trainings to staff who are involved in the dental screening. In addition to this training, protocols and processes will be revisited and improved.

**Performance Measure 10:** *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

#### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0		0.0	0.0	0.0
Numerator	0		0	0	0
Denominator	4875	4875	4953	4993	5033
Data Source		MOHMIS	Death Certificates	Death Certificates	Death Certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes		
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	0	0	0	0	0

#### Notes - 2011

There were no reported deaths to children aged 14 years and younger caused by motor vehicle crashes in 2011.

#### Notes - 2010

/2012/ There were no deaths among children 14 years and younger which were caused by motor vehicle crashes.//2012//

#### Notes - 2009

Data is not available at this time.

#### a. Last Year's Accomplishments

We continued to increase injury prevention efforts with Emergency Health Program and the Ministry of Justice so that Palau's children do not die due to motor vehicle crashes. Through collaboration with Emergency Health and State Incentive Grant, we conducted community prevention activities that targets issues related to MVA such as DUI and underage drinking. In addition, In the 2011 KE Summer Camp, FHU coordinated with other programs in presenting and

conducting workshop sessions targeting underage drinking. FHU also support various summer camps in providing trainings to students and mentors in life skill application. We continued to support Emergency Health in their initiative "Dewill A Renguk", a campaign against drunk driving.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Collaboration with emergency health and Behavioral Health in providing health education on injury prevention and underage drinking.				X
2. Collaboration with NGO's in reviewing legislations on underage drinking				X
3. Ongoing collaborations with MOJ in health education in school settings regarding underage drinking.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

We continue to work with other agencies in addressing this measure. This year we partner with the schools and Ministry of Justice in conducting health education in the schools targeting underage drinking and driving. We've also worked with community NGO's in reviewing existing legislations regarding underage drinking and child death in relation to MVA due to alcohol.

**c. Plan for the Coming Year**

We continue to work with our collaborating partners in addressing this measure. Discussions on possible legislation on seat belts are ongoing. The Early Childhood Comprehensive System Committee is proposing legislation on seat belt requirement for children.

**Performance Measure 11:** *The percent of mothers who breastfeed their infants at 6 months of age.*

**Tracking Performance Measures**

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	65	56	97	98	98
Annual Indicator	52.4	96.8	67.2	75.9	81.4
Numerator	33	92	45	41	48
Denominator	63	95	67	54	59
Data Source		FHU Client Tracking System	FHU Client Tracking System	FHU Client Tracking System	FHU Client Tracking System
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and					

2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	98	98	98	98	98

#### Notes - 2011

Among the babies that are breastfed, 59%(35/59) are breastfed exclusively and 22% (16/59) are partially breastfed.

#### Notes - 2010

/2012/ Data from well baby clinic shows that 48.15% of the babies at 4-6 months old were reported to be fed with exclusive breastfeeding while 27.78% were reported to be fed with partial breastfeeding.//2012//

#### Notes - 2009

Data source for this measurement is taken from the well baby clinic registry. 38.8% of the babies at 4-6 months old are reported to be fed with exclusive breastfeeding while 28.4% were reported to be fed with partial breastfeeding.

#### a. Last Year's Accomplishments

We strengthened the hospital-to-home care for postpartum mothers. This care is to Assure that once breastfeeding is initiated after birth that it continues in the home as well. Breastfeeding counseling is also initiated in the prenatal clinic to delivery.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Breastfeeding and nutrition counseling during prenatal care and post partum care.		X		
2. Breastfeeding counseling and health education integrated into home visitation follow-up care.				X
3. Exclusive breastfeeding in the post partum ward at the hospital		X		
4. ECCS Collaborative promoting exclusive breast feeding.				X
5.				
6.				
7.				
8.				
9.				
10.				

#### b. Current Activities

Continue efforts in the past. An emerging issue that we will have to do an in-depth investigation on is the relationship of breastfeeding and jaundice. There are anecdotal evidence that there is a relationship, however, we have not studied this emerging health issue.

### c. Plan for the Coming Year

Ongoing hospital to home care services will continue. We continue to provide breastfeeding counseling and health educations in the clinics and during home visits. Nutrition counseling is integrated with the breastfeeding counseling in the clinic during prenatal and postnatal visits.

### Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

#### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	99	85	87	89	91
Annual Indicator	81.4	85.4	97.4	46.6	95.5
Numerator	227	252	266	115	236
Denominator	279	295	273	247	247
Data Source		Newborn Screening Tracking System	Newborn Screening Tracking System	Newborn Screening Tracking System	Newborn Screening Tracking System
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	95	99	99	99	99

#### Notes - 2011

In 2011, the proportion of babies who were screened prior to hospital discharge was 95.5% (236/247). Among these 236 babies, 196 (83.1% of 236) passed the initial screening while 40 (16.9% of 236) did not pass. Rescreening was done in the well-baby clinic and among those who did not pass in the initial screening, no baby has been confirmed with hearing impairment.

#### Notes - 2010

/2012/ In 2010, the proportion of babies who have undergone hearing screening was 99.19% (245/247). Among these 245 babies, 115 (46.9% of 245) were screened prior to hospital discharge while 130 (53.1% of 245) were screened during their well baby clinic visit. //2012//

### a. Last Year's Accomplishments

Internal trainings provided to staff on screening, follow up and interventions. Newborn screening coordinator continues to oversee that screening and interventions are well coordinated.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Ongoing trainings conducted by Tripler Army Hospital Audiology Department				X
2. Pamphlets on newborn hearing screening developed and disseminated to parents.		X		
3. Screening for older children to reduce otitis media			X	
4. Enhancement and linkage of newborn database to MCH data base				X
5.				
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

Newborn Screening Coordinator attended EHDl conference/training in Missouri. These trainings provide up to date information for staff. Staff also trained in case management and referral process for identified children with hearing disorder. The newborn hearing data base was completed early this year. The screening component of the data base is now able to capture information from the birth unit and the well baby clinic as well.

**c. Plan for the Coming Year**

We will continue to provide additional trainings for staff in areas of clinical care, follow-ups and interventions. We also plan on developing educational materials for parents. Further developments of database will continue and we foresee that this will enable us to build our capacity to better monitor this performance.

**Performance Measure 13: *Percent of children without health insurance.***

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	0	0	15	15	15
Annual Indicator	0	15.0		0.0	0.0
Numerator		961	0	0	0
Denominator		6411		6411	6411
Data Source		2000 & 2005 Palau Census of Population	2005 & 2006 Palau Census	2005 and 2006 Census of Population	2005 and 2006 PalauCensus
Check this box if you cannot report the			Yes	Yes	Yes

numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	15	15	15	15	

#### Notes - 2010

/2012/ The Government of Palau provides a nationalize preventive health services for all children in Palau under PNC34.102(t) therefore the Government steps in and assumes the role of the primary health insurance coverage for all children.//2012//

#### Notes - 2009

The Government of Palau provides a nationalize preventive health services for all children in Palau under PNC34.102(t) therefore the Government steps in and assumes the role of the primary health insurance coverage for all children. Our PRAMS Like Survey indicates that about 15% pregnant women have insurance, however we are not sure if that coverage extend to children.

#### a. Last Year's Accomplishments

The National Health Insurance became effective last year and a majority of children now do have coverage.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. National Health Insurance implemented.				X
2. Track and monitor children accessing MCH services who do not have coverage under the national health Insurance.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

#### b. Current Activities

National Health Insurance provides coverage.

#### c. Plan for the Coming Year

Monitor and report percentage of children receiving services from MCH who do not have coverage under the National Health Insurance.

**Performance Measure 14:** *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	8	6	95	95	95
Annual Indicator					
Numerator					
Denominator					
Data Source		FHU Client Tracking System, MOH Encounter			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?					
	2012	2013	2014	2015	2016
Annual Performance Objective	95	95	95	95	95

**Notes - 2011**

The 2011 Headstart health screening data shows that there were 43 children (2-5 years old) who were screened to have a BMI at or above 85th percentile. This corresponds to 16.4% (56/262).

**Notes - 2010**

/2012/ Palau does not have WIC, however there are efforts to collect BMI in the Well Baby Clinic.

The 2010 Headstart health screening data shows that there were 13 children (3-5 years old) who were screened to have a BMI at or above 85th percentile. This corresponds to 23.2% (n=56). //2012//

**Notes - 2009**

Palau does not have WIC, however there are efforts to collect BMI in the Well Baby Clinic.

Although, implementation of BMI in Well Baby Clinic has been discussed and approved, we are having issues relating to the collection of these BMI data. Program is currently working with clinic to address this issue.

**a. Last Year's Accomplishments**

Although Palau doesn't have the WIC program, there are several things that we do like routine care for infants and children, Well-baby clinic that are part of the WIC program. For children under ages 2-5, BMI measurement became required as part of charting, however it is not being captured in the encounter information and for this reason we are unable to report it.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. BMI implemented in Well Baby Clinic		X		

2. BMI calculator used in MCH clinics and health screenings				X
3. Hypertension percentile incorporated with BMI		X		
4. Training on BMI calculation and counseling				X
5.				
6.				
7.				
8.				
9.				
10.				

#### **b. Current Activities**

BMI has been incorporated into the well baby services in the clinic and is being documented in the charts. Discussions on incorporating it in the encounter form are ongoing. BMI is also integrated into the head start screening and we continue to monitor this measurement through this health screening and during well baby clinic.

#### **c. Plan for the Coming Year**

Well baby service and health screening will continue. While we are working on incorporating BMI into the encounter forms, we plan on developing in house protocols on collecting this information at the program level while we work on incorporating it into the Public Health Encounter form.

#### **Performance Measure 15:** *Percentage of women who smoke in the last three months of pregnancy.*

##### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	10	55	53	50	47
Annual Indicator	57.4				7.1
Numerator	39				6
Denominator	68				85
Data Source					PPRASS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	45	45	45	45	45

#### **Notes - 2011**

In 2011, the 'Palau Pregnancy Risk Assessment Surveillance System (PPRASS) shows that very few (7.1%) of the surveyed mothers were smoking in the last three months of their pregnancy. However a great majority (62.1% or 53/85) said that they were 'chewing betel nut with cigarette' during the last three months of pregnancy.

#### **Notes - 2010**

/2012/ Palau Pregnancy Risk Assessment Surveillance System (PPRASS) shows that 1 or 1.9% (n=52) mothers claimed that she was smoking during the last three months of pregnancy. Use of

tobacco products was more rampant in the form of chewing with betel nut among 26 mothers or 50% of those who were surveyed//2012//

#### Notes - 2009

Among the mothers who were surveyed in the Palau Pregnancy Risk Assessment Surveillance System (PPRASS), there were 2 or 2.4% (n=85) who said that they were smoking in the last 3 months of their pregnancy. Moreover, 55 or 64.7% said that they were chewing betel nut with cigarette, 5 or 5.9% were chewing betel nut without cigarette; and 23 or 27.1% were not using any tobacco product in the last 3 months of their pregnancy.

#### a. Last Year's Accomplishments

In 2011 we continue to monitor this performance measure in the Palau PRAMS-like survey. Although the percentage is still very high, there is a slight decrease since we began monitoring it in 2004. Our home visitation team has increased tobacco health education. Clinic providers underwent training on tobacco cessation and counseling on substance use.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Tobacco counseling and health education in prenatal clinics.		X		
2. Tobacco education and counseling included in home visitations and follow up care		X		
3. Collaboration with Behavioral Health in providing tobacco education and counseling		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

#### b. Current Activities

We continue to monitor this performance measure in the Palau Prams-like survey. Although the percentage is still very high, there is a slight decrease since we began monitoring it in 2004. In 2011, the nurses and social workers in the clinic began to conduct this survey as a means to improve client participation. Through collaboration with our Behavioral Health Department, we now provide interventions for pregnant women who smoke. Pregnant women who smoke are provided individual counseling and are followed up during their pregnancy. In addition, health education on tobacco has been integrated into pregnancy clinics.

#### c. Plan for the Coming Year

Services will continue. We will continue to work to increase our collaborative efforts with Behavioral Health Department in monitoring this measurement. Additional trainings will be provided to staff in areas of interventions.

**Performance Measure 16:** *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	0	0	0	0	0
Annual Indicator			0.0	0.0	65.2
Numerator			0	0	1
Denominator	1486	1486	1509	1521	1534
Data Source		Bureau of Public Health Epidemiology	Bureau of Public Health Epidemiology	Bureau of Public Health Epidemiology	Death Certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	0	0	0	0	0

#### Notes - 2011

In 2011, there was one (1) suicide death of a 19 year old male whose cause of death is asphyxia due to hanging.

#### Notes - 2010

/2012/ There were no suicide deaths among youths aged 15 through 19 in 2010. //2012//

#### Notes - 2009

In 2009, there was one suicide death committed by a 16-year old male.

#### a. Last Year's Accomplishments

FHU through the annual school health screening continues to screen, identify, and provide immediate interventions for adolescents who are at risk of suicide. Interventions addressing this measure are coordinated through the adolescent health program at the school health clinic. In house trainings for counselors and other service providers are ongoing and trainings are also extended to our outside partners. In the past few years we worked with the Ministry of Education and all private schools in providing health education on suicide prevention. We also conducted three counseling skill trainings for teachers and school personnel in suicide prevention. These trainings aimed at training teachers in recognizing potential signs of suicide and providing immediate intervention. In addition to this, we worked with our NGO partners doing community talks on the issue of suicide. FHU also supported various summer camps in 2010 through trainings of peer mentors and camp counselors in areas of resiliency and life skill development for children and adolescents. The annual Health and PE teachers' workshop continues to be a

venue for building capacity in the schools to address this measure through trainings of teachers and support in the development of educational materials to supplement classroom instructions

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Health Screening and intervention that identifies children in need of counseling				
2. Adolescent Health Collaborative forums and meetings				
3. Annual Health and PE teachers training				
4. Health education in clinics				
5. Providers training on counseling and intervention				
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

The 2011 services are ongoing for this year. FHU continues to work with its collaborative partners and the schools in developing educational strategies and providing trainings on how to effectively work with adolescents in preventing suicide. FHU through the annual Health and PE workshop continues to support schools in developing health initiatives that address this measure. The Ngardmau Elementary School Suicide Prevention initiative addresses suicide at the primary school age level. This initiative aim at preventing suicide by incorporating activities that promotes positive self esteem and positive peer pressure into daily instructions.

**c. Plan for the Coming Year**

Ongoing service will continue. Through meetings with collaborative partners, FHU will conduct parental trainings in areas related to this measure in the coming year. Discussions on the specifics of trainings are ongoing. The primary purpose of these trainings is to strengthen family links and improve parental involvements.

**Performance Measure 17:** *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

**Tracking Performance Measures**

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0			0.0
Numerator	0	0	0	0	0
Denominator	279	295			247
Data Source		MOH MIS			Birth Certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	

Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	0	0	0	0	0

#### Notes - 2011

In 2011, there were no infants born with a very low birth weight. Palau does not have high risk delivery facility.

#### Notes - 2010

/2012/ In 2010 there were 2 very low birth weigh infants at 709 and 1418 grams. The baby who weighed 709 grams died less than 1 hour in the hospital.//2012//

#### Notes - 2009

There were 2 very low birth weight infants in 2009. 1 baby that weighed 964 grams died at 1 day old and the other baby that weighed 1276 grams survived.

#### a. Last Year's Accomplishments

We continue to strengthen our health education and case management services for high risk pregnant women. Our home visitation team has increased their outreach activities and addresses key issues relating to substance use, obesity, domestic violence and other pressing issues.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to provide neonatal care for all newborns at the level of care at the Belau National Hospital.	X			
2. Case management follow up and home visitations		X		
3. Nutrition and weight management counseling including education on substance use.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

#### b. Current Activities

In 2012, Palau will upgrade neonatal basic equipment and tools such as incubators, infant monitors, and bilirubin lights/blankets as we are seeing increase in numbers of jaundice in newborns. Discussions with our CHC partners are ongoing in terms of sharing of financial resources to purchase needed equipments.

#### c. Plan for the Coming Year

FHU continue to work on strengthening health educations for pregnant mothers and women of child bearing age. There are ongoing discussions on the possibility of forming support groups for pregnant women and strengthening interventions that includes home follow ups and intensive case management for high risk pregnant women.

**Performance Measure 18:** *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	52	36	56	57	57
Annual Indicator	33.3	55.3	44.0	36.4	47.8
Numerator	93	163	120	90	118
Denominator	279	295	273	247	247
Data Source		FHU Client Information System	FHU Client Information System	FHU Client Information System	FHU Client Information System
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	58	58	58	58	58

#### Notes - 2011

Among the 247 live births in 2011, almost half (48%) had prenatal care beginning in the first trimester of pregnancy. Although there is an increase by 11.4% (36.4% in 2010), this increase is not statistically significant at p-value=0.1 with odds ratio of 0.76.

#### Notes - 2010

/2012/ In year 2010, there were 36.4% of infants born to women receiving prenatal care beginning in the first trimester. //2012//

#### a. Last Year's Accomplishments

In 2011 this measurement continued to be monitored in the birth certificates and the PRAMS-like survey

**Table 4a, National Performance Measures Summary Sheet**

<b>Activities</b>	<b>Pyramid Level of Service</b>			
	<b>DHC</b>	<b>ES</b>	<b>PBS</b>	<b>IB</b>
1. Prenatal education in FHU community engagement.		X		
2. Parental education through ECCS Collaborative Committee		X		
3. Case management and follow up intervention through home visitations and outreach activities.		X		
4.				
5.				
6.				
7.				

8.				
9.				
10.				

#### **b. Current Activities**

Because of our declining PRAMS-like survey participants, the nurses in the clinic will began administering this survey. The survey will be administered at three months postnatal care. Calculation of this measure will be captured from the birth certificate as assessment and improvement of service providers' activities on the Birth Certificate are being addressed.

#### **c. Plan for the Coming Year**

We will continue to work to improve and monitor this process. We continue to work with our HIS department in enhancing the system to better record this information.

### **D. State Performance Measures**

**State Performance Measure 1:** *Percent of adults women of reproductive age group accessing services at FHU whose BMI is over 27 are identified and provided on-site education and referred for weight management program.*

#### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	65	70	75	80	85
Annual Indicator	0	0			56.6
Numerator					687
Denominator					1213
Data Source		FHU Client Information System		FHU Client Information System	FHU Client Information System
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	90	90	90	90	90

#### **Notes - 2011**

For 2011, additional data processing were done in order to report this indicator. Since our databases are not yet linked, data reported in this indicator is result of combining clients from family planning clinic and prepregnancy BMI of the mothers who delivered in 2011. A great majority (56.6% or 687/1213) of the clients of the Family Health Clinic have BMI >27.

#### **Notes - 2010**

/2012/ Among the mothers who delivered in 2010, 100 (42.35% or 100/273) had pre pregnancy BMI of over 27.

In 2010, data of clients in the Family Planning Clinic shows that 47% (1445/3073) were measured to have BMI over 27.//2012//

**Notes - 2009**

Among the mothers who delivered in 2009, 105 (38.5% or 105/273) had pre pregnancy BMI of over 27.

The PPRASS shows that 26% (61/61) of those who were surveyed had pre pregnancy BMI of over 27.

**a. Last Year's Accomplishments**

We worked with other programs in the Ministry of Health to commonly use BMI as standard measurement. By next year, we will work to establish common collection of BMI information so that we can begin to report on an annual basis. One such way that we can establish common collection of this data is further develop capabilities of the "Palau BMI Calculator" that was established and used since 2007. We have established a working relationship with the Palau National Olympic Committee and we began working to implement initiatives targeting obesity. These initiatives are designed to engage teachers and school staff in routine physical activity that emphasizes on fitness rather than competitive sports alone. The School Nurse began to work with teachers at each school in addressing obesity for teachers and school staff. We have also worked with our NCD partners to sponsor walkathon activities in an effort to promote the importance of physical activity.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Health education on nutrition and physical activity incorporated into all FHU outreach activities.		X		
2. Counseling on BMI and Nutrition in the clinics		X		
3. 3. Collaborate with womens NGO in providing community awareness ECCS Community Engagement model on importance of physical activity				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

We continue to provide trainings on BMI measurement. We work with other public health programs in integrating BMI measurement in other public health clinics. We will also work with other communities in Palau in implementing physical activity initiatives to further develop our capacity to monitor BMI for women of reproductive age group. We will also work in amending the encounter form to capture information on BMI and blood pressure. The Wellness Clinic opened early last year and staff began an initiative in collecting BMI and providing educational information on nutrition and physical activities to parents who bring their children to the clinic for follow up appointments. The clinic also began to offer aerobic exercises three times a week and walking exercise two times a week. Program continues to work with the Healthy Workplace Committee in designing exercise and fitness activities for staff.

**c. Plan for the Coming Year**

Ongoing services will continue. We will work with other Public Health Programs in ensuring that BMI is fully implemented in other PH clinics and the dispensaries. We will also work with the schools in integrating BMI activities into their school health activities. We will work to broaden the

scope of services in our Wellness Clinic to cover areas relating to preconception health which will include activities relating to BMI.

**State Performance Measure 2:** *The percentage of children and adolescents ages 18 and under who report using (smoke and/or chew) tobacco products in the past 30 days.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	37	35	33	31	29
Annual Indicator		46.1			14.0
Numerator		602			172
Denominator		1307			1225
Data Source		School Health Screening Database			School Health Screening
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	28	25	25	25	25

**Notes - 2011**

The 2011 school health screening shows that 14% (172/1225) screened students admitted to be using tobacco products either through smoking or chewing betel nut. Average age of initiation is at 12 years old, minimum age at 3 and maximum age at 17. Most (81.5% or 101/124) of these students said they smoke tobacco and 56.4% (75/133) said they chew tobacco with betel nut.

**Notes - 2010**

//2012/ In the 2010 school health screening, there were 253 or 20.6% (n=1227) of the students aged =18 years old who said that they used nicotine through either smoking or chewing tobacco.//2012//

The YRBS is conducted every two years. The last YRBS was conducted in 2009 in Palau. The School Health screening is conducted every year and data are used to guide the intervention component of services are children and adolescents. Program will continue to use both data sources and will report on both data sources in next years application.

**Notes - 2009**

In the school health screening, there were 271 or 18.5% (n=1468) of the students aged =18 years old who said that they used nicotine through either smoking or chewing tobacco.

In the YRBS for high school and middle school, a total of 634 students or 53.5% (n=1186) have admitted to use tobacco products. Questions in the survey were: a) During the past 30 days, on how many days did you smoke cigarettes; and b) During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen. Responses of 1 to 30 days were scored to be using Nicotine.

**a. Last Year's Accomplishments**

In 2011 the School Health program began discussions with Behavioral Health Division on developing and implementing a Cessation program at School Health including the implementation of relapse prevention program. The cessation program will incorporate life skill sessions that

teaches students coping skills as well as refusal skills. We will also work with STUN on Youth Tobacco Survey to continue prevention and intervention services in the schools. We will develop initiatives/activities focusing on refusal skills, self esteem, problem solving, coping skills. Another initiative for next year is to work with school PTA's in strengthening prevention and intervention services in the schools and including training of student peer mentors on delivering prevention messages in the schools.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Cessation program in high schools				X
2. Tobacco health education in schools		X		
3. Health and PE Teachers training				X
4. MCH providers trained on SBIRT Model of intervention		X		
5.				
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

Substance use including Tobacco is part of the School Health Screening. Children who are substance users are provided targeted individual counseling and group therapy which are conducted at schools and school clinics. Health education focusing on tobacco prevention in the schools and the cessation programs and life skill curriculum are provided in collaboration with Behavioral Health. FHU in collaboration with Behavioral Health Department provided training to service providers on cessation program at school. FHU also worked with teachers and parents, NCD and Community Coalition against Substance Use to expand community presence on substance use and tobacco cessation.

**c. Plan for the Coming Year**

Strengthen cessation program and substance abuse health education in the school settings. Continue to work with MOJ and Ministry of Education and private schools in supporting activities targeting tobacco use. Work with school PTA in designing activities that involve parents in prevention of tobacco use.

**State Performance Measure 3: *Percent of pregnant women entering prenatal care in the first trimester***

**Tracking Performance Measures**

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual	72	36	39	42	45

Performance Objective					
Annual Indicator	33.3	42.4	44.0	36.4	47.0
Numerator	93	125	120	90	116
Denominator	279	295	273	247	247
Data Source		FHU Client Information System	FHU Client Information System	FHU Client Information System	FHU Client Information System
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	48	50	50	50	50

#### Notes - 2011

We report this measure using the number of births as the denominator. In the future, when the new MCH system will be developed, we will be using the number of pregnant women who came for prenatal as the denominator.

#### Notes - 2010

/2012/ In year 2010, 36.4% of pregnant women entering prenatal care in their first trimester//2012//

#### a. Last Year's Accomplishments

We have been researching in the WHO website to further increase our knowledge on this measure. Because of changing requirement for the Pacific jurisdictions, we will be using this requirement as a baseline for data calculation. However, we will continue to calculate the Kotelchuck Index as a comparative reference. FHU continued to conduct community awareness on this measurement through ECCS.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Community outreach and awareness		X		
2. Process of enrolling pregnant women		X		
3. Home visitations		X		
4. Awareness through Radio talk Show by ECCS Committee				
5.				
6.				
7.				
8.				
9.				
10.				

#### b. Current Activities

We continue with the activities in 2011 reporting year, We continue to increase our community engagements in addressing this issue. Efforts to provide preconception health education in the communities with our community partners continue.

#### c. Plan for the Coming Year

Work with CAP in developing and disseminating educational brochures and pamphlets on preconception care. Program to work with women's group in promoting preconception health in the community. Integrate preconception counseling in Family Planning Program. Provide preconception counseling at Wellness Clinic as part of Gender Health.

#### State Performance Measure 4: *Percent of Pre-term delivery*

##### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	5	4	3	2	2
Annual Indicator	9.0	8.5		8.1	4.5
Numerator	25	25		20	11
Denominator	279	295		246	247
Data Source		MOHMIS/Birth Certificates		Deliveries registry	Deliveries registry
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	2	2	2	2	2

##### Notes - 2011

Among the 11 pre term deliveries in 2011, majority (63.6% or 7/11) were delivered by mothers aged 35 and over with a maximum age of 43 years old. Mean weight gain is 24 lbs, with a minimum of 3 and maximum of 38 lbs.

##### Notes - 2010

/2012/ Among the 20 pre-term deliveries in 2010, 9 or 44.9% were considered risky pregnancy by virtue of age ( greater than or equal to 35 years old) of the mothers./2012//

##### Notes - 2009

Among the 30 pre-term deliveries in 2009, 14 or 46.7% were considered risky pregnancy by virtue of age (<20 or =35 years old) of the mothers.

##### a. Last Year's Accomplishments

We provided Tobacco Use Cessation and Psychosocial counseling and intervention in the prenatal clinic. Follow-up care for high risk moms is also part of our clinic activities. Our continued concerns despite of these activities are that the Palau PRAMS-like survey continues to show a high rate of Tobacco use during pregnancy. Psychosocial issues during pregnancy also show about 10% rate last year. We do not know, at this time, whether or not these two factors have an influence in our population of pregnant women in relation to preterm births.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Intensive case management		X		
2. Providers Training				X
3. Health education		X		
4. strengthen home visitations				X
5.				

6.				
7.				
8.				
9.				
10.				

#### **b. Current Activities**

FHU continues to provide services. This year through collaboration with Behavioral Health Department we worked to increase interventions targeting tobacco use and other psychosocial issues. Health education on nutrition and weight management continues to be part of the clinic services.

#### **c. Plan for the Coming Year**

Strengthen case management and home visitation services. Refine process of early identification and early intervention for high risk pregnant women. Increase health education and counseling in BMI, nutrition, and substance use in clinics.

#### **State Performance Measure 5: *Percent of parents/caretakers who report that their children with special healthcare needs receive quality health care***

##### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	50	91	91.5	92	92.5
Annual Indicator	90.3	90.3			92.8
Numerator	65	65			181
Denominator	72	72			195
Data Source		SLAITS-like Survey			SLAITS-like Survey, 2011
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	93	93	93	93	93

#### **Notes - 2011**

In this indicator, 'quality of care' is defined as the 'satisfaction with care' in the parent's/caregiver's prespective. Among the 252 surveyed parents/guardians of those identified Children with Special Health Care Needs, 77.5% (195/252) responded to the questions at the section on 'Satisfaction with Care'. Computing for the overall average of the seven items in the said section, almost all (92.8% or 181/195) said that their doctor or health care professional have either 'always' or 'some of the time' addressed the issues and concerns of their children. Questions under this section and percent of 'always' and 'some of the time' responses are as follows: Doctor (a) Spent enough time with your child when your child sees him/her? - 90.8% (177/195); (b) Listened to you regarding your child's health/medical problems? - 95.4% (186/195); (c) Been sensitive to your family's values and traditions. - 88.7% (172/194); (d) Given you enough information about your child's condition?. - 89.6% (180/195); (e) Discussed with you concerns relating to your child's health? - 92.9% (182/196); (f) Showed you how to care for your child? - 93.4% (183/196); and (g) Made you feel like an important partner in your child's care? - 95.9% (188/196).

#### **Notes - 2010**

/2012/ Palau is unable to report on this performance measure. The SLAIT-LIKE survey is currently being conducted and results will be reported in next year application//2012//

**a. Last Year's Accomplishments**

We monitor this care component for CSHCN every two years. The SLAIT-Like Survey was administered last year and results are reported in this year's application.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Collaborate with community groups in coordination of care		X		
2. Health education and outreach with Special Ed and Head Start		X		
3. . Work closely with Omekesang and PPE in providing awareness		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

We continue to provide trainings for service providers in areas of care coordination and case management. Program held series of meetings with parents and caregivers of CSN early this year to discuss organization and priorities of Omekesang Association, the only nonprofit organization for people with disabilities in Palau. This organization will work as an advocate agency for people with disabilities and their families.

**c. Plan for the Coming Year**

Continue to strengthen CSN services. Improve quality assurance process in monitoring of system of care. Work with Omekesang and Palau Parent Empower in increasing parental involvement in the care of CSN. Provide ongoing and continuous staff development trainings in areas of care coordination.

**State Performance Measure 6:** *Increase the percentage of well-child service attendance for 12, 24, & 36 months olds and 4 and 5 years olds, enumerated by age and averaged for the reporting year.*

**Tracking Performance Measures**

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					100
Annual Indicator				88.1	
Numerator				1220	
Denominator				1385	
Data Source				Well Baby Clinic Visits	
Is the Data Provisional or Final?				Provisional	
	2012	2013	2014	2015	2016

Annual Performance Objective	100	100	100	100	100
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#### Notes - 2011

We are unable to generate data for this performance measure because data collection system malfunctioned during the year and data were corrupted.

#### Notes - 2010

//2012/ Well Baby Visits Attendance

Age in Years	Visits	Occurent Births	Birth Year	Percent of Attendance
1	502	273	2009	183.9%
2	338	295	2008	114.6%
3	210	279	2007	75.3%
4	148	259	2006	57.1%
5	22	279	2005	7.9%
Total	1220	1385		88.1%

In 2010, 88% of children age 12, 24, and 36 months, and 4 and 5 years old attend their regula scheduled well baby visits. //2012//

#### a. Last Year's Accomplishments

We continue to refine and improve this process. Our case management team began to increase their outreach activities to families who miss their appointment. Providers continued to work with early childhood providers in encouraging parents to bring their children to their appointments. Discussions on possible extension of clinic hours are ongoing. Providers began contacting parents to remind them of their child's scheduled appointment.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Process of follow up for missed appointments		X		
2. Work with early childhood providers in promoting well services		X		
3. Sending reminder notice to parents		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

#### b. Current Activities

Efforts were taken this year to increase awareness on the importance scheduled well baby visits. Through collaboration with Head Start and Special Ed partners, we conducted community outreach to remind parents and guardians of the availability and type of services provided in the well baby clinics. We are also working with our ECCS workgroup in developing educational materials to be distributed to the community

#### c. Plan for the Coming Year

We will continue to raise awareness on the importance of well baby services. ECCS to conduct radio talk shows on well baby services. Clinic protocols will be revisited and refined to support the well baby attendance in well baby clinics.

**State Performance Measure 7:** *To increase the rate of children who are victims of abuse and neglect that receive appropriate and comprehensive services*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					90
Annual Indicator					0.0
Numerator					0
Denominator					1753
Data Source					School Health Screening
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	90	90	90	90	

**Notes - 2010**

/2012/ Palau is unable to report on this measure at the present time. Data will be available for next year application//2012//

**a. Last Year's Accomplishments**

The school health screening continues to screen and identify students who are potential victims of abuse and neglect and refer them to appropriate providers. FHU works closely with the schools in addressing this issue and provides training to teachers in identifying students who may be victims of abuse. A training on Child Abuse was conducted in July of last year to over 150 plus health and PE teachers.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Collaborate with VOCA, Ministry Justice and Schools in designing a process for early identification and intervention.		X		
2. Convene stake holder meeting to further discuss intervention and services.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

The School Health Program in collaboration with Behavioral Health conducted six training sessions for teachers in emotional well being which includes training on identifying children who may be victims of abuse and neglect.

The Ministry of Health will be submitting an application for CDC Rape Prevention funding. This funding will be used to develop a standardized process of collecting and reporting information

relating to rape and other forms of sexual abuse.

### c. Plan for the Coming Year

We will closely work with MOJ, VOCA and Behavioral Health in addressing this issue. Results of the CPBR survey will guide further discussions on data collection for this measurement.

### State Performance Measure 8: *To reduce the rate of suicide ideation for adolescents 11 to 19 years olds.*

#### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					20
Annual Indicator				40.2	61.2
Numerator				63	75
Denominator				1568	1226
Data Source				School Health Screening	School Health Screening
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	20	20	20	20	20

#### Notes - 2011

Overall, 6.1% (75/1226) of the students who participated in the school health screening said that they have thought of harming themselves. Among the 565 students aged 11-19, 10.3% (58/565) admitted to have thought of harming themselves. Among the students who said to be thinking of harming themselves, 77.3% (58/75) of them were 11-19 year olds.

#### Notes - 2010

/2012/ Among the students interviewed in during the school health screening 6.8% (85/1246) said yes to the question "Have you ever thought of harming yourself?" 63 or 74.1% (63/85) of these students are ages 11-19 years old.//2012//

### a. Last Year's Accomplishments

FHU continued to collaborate with its community partners in providing trainings and health education to help teens learn effective ways of coping with depression. Topics varies and includes relaxation exercises, social skills (problem solving skill, decision making skill, peer pressure, goal setting, stress management, communication, peer pressure, and self esteem. FHU also provided trainings to teachers and parents in recognizing depression and how to help children deal with depression. These trainings were provided in schools and during PTA's. We also worked with summer camp mentors in designing activities that incorporates life skill techniques into daily activities of camps. We continued to provide immediate interventions to children who needed such services and work closely with the schools and parents in addressing this measurement. FHU continues to work with the schools in improving our referral process to ensure that children who are depressed are provided with immediate interventions as needed.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service
------------	--------------------------

	DHC	ES	PBS	IB
1. School Health Screening			X	
2. Counseling Training	X			
3. Early identification and intervention				X
4. Parental training on effective communication				
5.				
6.				
7.				
8.				
9.				
10.				

#### **b. Current Activities**

FHU continues to conduct trainings for teachers and service providers to better understand and work effectively in addressing this issue. Trainings provided focuses on reducing the level of conflict between parents and teenagers by teaching effective communication and problem-solving skills. Counseling trainings for teachers and school staff that focuses on how to recognize symptoms of depression and ways to help children cope with depression.

#### **c. Plan for the Coming Year**

Program continues to work with Schools in improving early identification and intervention process. Ongoing teachers and providers training in areas of counseling will be offered. Program continues to work with faith-base and other community NGO's in supporting and expanding their youth activities that promotes resiliency. Program continues to work with Ministry of Education in assessing YRBS and School Health Screening data to better understand this performance.

**State Performance Measure 9:** *Increase the percentage of children enrolled in schools, in odd grades, who participate in the annual school health screening and intervention program.*

#### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					80
Annual Indicator				73.4	70.3
Numerator				1251	1232
Denominator				1704	1753
Data Source				School Health Screening	School Health Screening
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	80	90	90	90	90

#### **Notes - 2011**

In 2011, there has been a 3% decrease in student participation in the school health screening from 73.4 in 2010.

#### **Notes - 2010**

/2012/ In year 2010, 73.4% of children enrolled in school in odd grades received the annual school health screening.//2012//

#### **a. Last Year's Accomplishments**

FHU/School Health continues to provide follow up care and interventions in the schools. The Adolescent Collaborative group held series of meetings in 2011 to discuss 2010 school year and enhancement of current system of care. Through these discussions, the referral tool was modified to better identify students requiring services. With the addition of one social worker/counselor to the PE team, all public health social workers are assigned to all schools. Schools to identify staff to be the focal point of contact where social workers can communicate on a regular basis with. This process will ensure that all services to schools are well coordinated on a timely basis. Annual training focusing on interviewing skills and data collections of screening information are ongoing. A BMI calculator and software measuring hypertension stages was developed at end of last year and will be utilized this coming school year screening

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Parental meetings		X		
2. Community engagement		X		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

#### **b. Current Activities**

Head Start Screening is integrated with the regular school health screening. Head Start is working with FHU in revising PE form. Annual School Screening will continue to cover odd grades 1, 3, 5, 7, 9, 11th. Discussion on developing and integrating various screening tools measuring specific psychosocial issues are ongoing. Tools will be developed and used in the upcoming school year. A new data system capturing intervention and prevention activities have been developed and is being utilized this year to capture all intervention and prevention activities relating to the school health screening. Ongoing trainings for clinicians and social workers and staff involve in the school health screening will continue. Such trainings will focus on interviewing skills and data collection techniques. Trainings on immediate interventions on screening site are also provided to service providers. Through collaborative work with faith based organizations, FHU will open an Adolescent Health Support Service clinic at one of the catholic high school and this will provide better accessibility and availability of services for the catholic missions' schools.

#### **c. Plan for the Coming Year**

Program continues to provide screening and intervention to school age children. We will work on improving our early identification, referral and intervention system. Efforts to refine and monitor our data collection process will continue. We will continue to work with the schools and NGO's in building capacity to address issues that come out of the school screening. The Adolescent Collaborative Committee will continue to work with each school in strengthening health activities in the schools. Program continues to work with committee in monitoring activities and providing appropriate trainings design to enhance provider's skill and knowledge in counseling children and adolescents.

**State Performance Measure 10:** *Reduce percentage of negative birth outcome by conducting periodic Infant Fetal Morbidity and Mortality Review (IFMMR).*

### Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					
Annual Indicator					0.0
Numerator					0
Denominator					247
Data Source					MOH Vital Stats
Is the Data Provisional or Final?					Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective					

#### a. Last Year's Accomplishments

We began discussions on the importance of organizing a review team to include non clinical providers. Discussions within the Ministry took place about the importance on having a formalized process to conduct review for this measurement.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Discussions with relevant stakeholders within the Ministry of Health				X
2. Development of a review process and review tool.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

#### b. Current Activities

We have a request to MCHB for technical assistance to assist the program in developing a standardized review process and a tool to be used to review cases relating to this performance measure.

#### c. Plan for the Coming Year

The review process will essentially support our quality assurance area in guiding programs to meet the needs of its population.

## E. Health Status Indicators

In year 2011, there was a decrease in Infant Mortality Rate. The IMR for 2009 was 22.0. This

figure is three times higher than the IMR of 6.8 in year 2008. About 100% of all births are hospital births and are attended by skilled birth attendants (Ob/Gyn or Nurse Midwife). Almost 90% of all births have weight equal to or greater than 2500 grams with about 90% appropriate gestation age at birth with over 75% immunized at 35 months and 84% immunized prior to school entry. Overweight and obesity are risk factors in all age groups, however in children under the ages of 19 years, the risk of hypertension, is being detected in the school-based health screening and intervention initiative. Elevated blood sugar, elevated blood protein and Occult Blood are being detected in children in the primary school level. The established BMI for Palau's children ages between ages 6 and 19 are: mean = 20.39; (sd = 5), median = 19.38; mode = 16.61. Bullying is also a risk factor noted in children that influences psychosocial and behavioral problems in children. There is also a high contraceptive prevalence among adolescents however, protection against STI is low. This risk factor including psychosocial issues, are also noted in all women of reproductive age group.

## **F. Other Program Activities**

FHU also works with a number of other programs within the Ministry of Health to assure access to quality maternal and child health services and to promote health of mothers, infants, and children. One such program of which FHU is working with is the HIV/AIDS program. Jointly, FHU and HIV/AIDS are collaborating to increase the number of pregnant women who are screened and counseled for HIV testing. Currently, through our joint efforts we attain over 95% HIV screening of all pregnant women that visit our clinic. FHU also works with the Division of Primary Health Care to assure that FHU services in superdispensaries are delivered professionally and in a quality manner through ensuring proper training of dispensary nurses. We also have assigned a WHNP to each superdispensary to work with dispensary nurses to assure quality of care for all our services. The CSHCN/High Risk Clinic has increased to twice a week and we are now deliberating on increasing the CSHCN/High Risk Assessment Team Review to twice a month to assure compliance to our guidelines which call for at least 2 assessments each year for each child in the database. We have also met with two communities in our Northern Island to introduce staff and services to their areas and to inquire about community concerns to our services and ways that we can improve on them.

FHU also works to maintain the MOU for CSHCN to assure that collaboration and databases continue. We firmly believe that unless we continue to provide and promote family-centered, community-based, coordinated care for CSHCN, our MOU will fall through the crack. Because of this MOU, we are able work with other agencies and NGO's to promote disability issues and, lobby for passage of legislations that will improve the conditions of disability, especially children with disabilities in Palau. We have worked in the past to change legislations, influence agency policies and services and initiate infrastructure changes that eventually benefits all people. Most of our collaborative activities have been developed to look at the larger "Health" issues of the Various MCH population and although these are not generally measured under any of the measurements, they are ways we use to establish working relationships with agencies that can influence policies and working regulations so that there can be change to directly influence the results of performance measures and health indicators. At the policy level and regulatory level, reports that published and circulated to educate stakeholders in this arena so that they can become knowledgeable and an active partner in the health and well being of the nation.

FHU is also in collaboration with the Bureau of Community Services, working together towards implementing a National Disability Policy for the Republic of Palau. As such, a National Disability Policy has been drafted through this collaboration where various agency representatives of government and stakeholders met with technical experts from different leading Disability-based organizations (UNESCAP, Pacific Disability Forum, and Pacific Islands Forum Secretariat) for a two-day Policy development workshop and, is currently awaiting finalization or the next step of implementation. We are also currently working with two different disability stakeholder groups and assisting them to form their own self-help organizations and register them as NGO's. FHU/Title V MCH Program continues to work with the Ministry of Community and Cultural Affairs to improve

their capacity so they can stand-up to their mandate requiring them to organize and provide social/community services.

/2012/ Program continues to work with collaborative partners in strengthening its services to tailor needs. Ongoing activities from last year continue to this year. FHU database system is at its final phase. Program is exploring research initiatives addressing MCH health indicators. Ongoing discussions with PREL and MOE are taking place.//2012//

## **G. Technical Assistance**

For 2011 to 2015, Palau will request TA for the following areas:

- Parenting Skills -- Training for staff and partners on communication skills with adolescents and young adults. Reports from YRBS and School Health Screening tend to indicate that Palau's health issues are no longer isolated from the rest of the world. Therefore, solutions would need to be global. For this reason, it is presumed that model intervention programs can apply to the adolescent culture of Palau. (2011 -- 2015)
- Male health and male involvement in health status improvement -- Culturally, males are divorced from health issues/concerns although they probably contribute greatly to it. We would also require intensive training and capacity building in the next five years to involve men in improving the health status of families in Palau (2011 to 2015)
- Grants Administrative & Financial Management Training -- We will need this training at least two times in the next project period (2011 and 2013). With staff transition and migration, we are currently having new staff who will need to be well versed in managing U.S. Federal grants. This training can be attended by more than just FHU staff.
- Program evaluation -- We will request this at the beginning of the new project period around end of October -- November 2010.

/2012/ TA is requested to conduct trainings on medical home and other aspect of care coordination for children with special needs.//2012//

## V. Budget Narrative

Budget and expenditure data from Forms 3, 4, and 5 are provided for the application year, interim year, and reporting year to assist the reviewer in analysis of the budget and expenditure narrative. For complete financial data, refer to all the financial data reported on Forms 2-5, especially when reviewing the federal allocation on Form 2 for the 30%/30%/10% breakdown for the budgets planned for primary and preventive care for children, children with special health care needs, and administrative costs.

### Form 3, State MCH Funding Profile

	FY 2011		FY 2012		FY 2013	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
<b>1. Federal Allocation</b> (Line1, Form 2)	150000	149000	150000		154706	
<b>2. Unobligated Balance</b> (Line2, Form 2)	0	0	0		0	
<b>3. State Funds</b> (Line3, Form 2)	0	0	114000		0	
<b>4. Local MCH Funds</b> (Line4, Form 2)	114000	114000	0		117000	
<b>5. Other Funds</b> (Line5, Form 2)	0	0	612000		0	
<b>6. Program Income</b> (Line6, Form 2)	0	0	0		0	
<b>7. Subtotal</b>	264000	263000	876000		271706	
<b>8. Other Federal Funds</b> (Line10, Form 2)	448565	448565	234644		532357	
<b>9. Total</b> (Line11, Form 2)	712565	711565	1110644		804063	

### Form 4, Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds

	FY 2011		FY 2012		FY 2013	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
<b>I. Federal-State MCH Block Grant Partnership</b>						
<b>a. Pregnant Women</b>	57000	57000	56520		55520	
<b>b. Infants &lt; 1 year old</b>	44400	44300	45220		45600	
<b>c. Children 1 to 22 years old</b>	98800	97600	98800		97626	
<b>d. Children with</b>	45600	46500	45600		48000	

<b>Special Healthcare Needs</b>						
<b>e. Others</b>	10600	10000	10260		10260	
<b>f. Administration</b>	7600	7600	7600		14700	
<b>g. SUBTOTAL</b>	264000	263000	264000		271706	
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
<b>a. SPRANS</b>	0		0		0	
<b>b. SSDI</b>	0		94644		65357	
<b>c. CISS</b>	132000		140000		150000	
<b>d. Abstinence Education</b>	0		0		0	
<b>e. Healthy Start</b>	0		0		0	
<b>f. EMSC</b>	0		0		0	
<b>g. WIC</b>	0		0		0	
<b>h. AIDS</b>	0		0		0	
<b>i. CDC</b>	0		0		0	
<b>j. Education</b>	0		0		0	
<b>k. Home Visiting</b>	0		0		0	
<b>k. Other</b>						
<b>Family Planning</b>	166565		0		145000	
<b>UNHSI</b>	150000		0		172000	

#### Form 5, State Title V Program Budget and Expenditures by Types of Services (II)

	FY 2011		FY 2012		FY 2013	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
<b>I. Direct Health Care Services</b>	48000	48000	53874		55500	
<b>II. Enabling Services</b>	68000	68000	68594		65200	
<b>III. Population-Based Services</b>	68000	68000	67594		67725	
<b>IV. Infrastructure Building Services</b>	80000	79000	73938		83281	
<b>V. Federal-State Title V Block Grant Partnership Total</b>	264000	263000	264000		271706	

#### A. Expenditures

##### EXPENDITURES

There is no major variations in expenditure. Leading expenditures continue to relate to personnel services as well as minor changes in expenditure for staff to attend off-island meetings/conferences as well as general supplies. These minor variations in the budget and expenditures are highly dependent on the prices for services or commodities. At the same time, further allocation of budget and movement of expenditures to appropriate local subaccounts can also result in these minor variations between approved line items of the budget. In terms of unobligated funds, program realized minimal unobligated balances at the end of the year for both federal and local contributions.

Capacity building funding streams for FHU/MCH Title V Program include ECCS, SSDI, UNHSI (HRSA Funding Streams. EHDl (CDC) and Family Planning Program (OPA) provides added resources that targets certain health status indicator or risk factors for children and adults within the reproductive age groups. Family Planning monies are used to provide reproductive health services including provision of contraceptives, condoms, pregnancy test, STI screenings & treatment while EHDl and UNHSI provide resources to continue to improve our newborn hearing screening, data gathering and analysis. SSDI and ECCS provide us resources to address systems and infrastructure development relating to strengthening of services, reporting to our nation, grantor agency and also enabling FHU to be more proactive in directing services where the most need is indicated.

/2012/ No major variations in expenditures. FHU is supported by other HRSA and OPA fundings namely, UNHSI, ECCS, and Family planning. These other funding streams have enable the program to carry out its activities//2012//

***/2013/ No major changes in expenditures since last application. Personnel continues to be the leading expenditure for program. Funding streams for Family Health Unit includes the Title V Block Grant, ECCS, UNHSI and Family Planning from OPA. These four funding streams support all services for the program.//2013//***

## B. Budget

### V. BUDGET NARRATIVE

#### Budget Narrative & Justification

I. Personnel.....\$94,450

Funds are used to pay for key program staff. These staff includes administrative personnel, staff who support program data systems, public health nurses, counselors, and program staff who are charged with enabling/population based services such as well-baby, prenatal, post natal services, children and adolescents, and CSN. Included is a cost of .5 FTE Pediatrician who supports interagency collaborative clinic activities for Children with Special Needs and .5FTE Project Manager who will have oversight of program.

II. Fringe Benefits.....\$11,334

Fringe Benefits cost is a standard rate at 12% of the Personnel cost. It is broken down to 6 and 6% for both Pension Plan and Social Security.

III. Travel.....\$18,000

Travel monies are needed to enable key staff to attend required meetings/conferences. These budgeted meetings/conferences are AMCHP, MCH Partnership Meeting and the Annual Grant Review Meeting in Hawaii including the Annual MCH Coordinators Meeting in Hawaii. Additional funds will also be used to fund CSN parent representatives to the Pacific Interagency Leadership Conference and or the PACRIM conference. This parent will be a co-presenter with SSDI Project Coordinator on the result of the Palau SLAITS-Like Survey. We will also use monies under this category to support other MCH related traveling on trainings focusing on preventive health for the MCH population. Funding under this category will also support off island trainings on data and infrastructure capacity building. Monies will also support inter-island travel to support the development of our service decentralization process. We envisage this process to continue for the next several years, until we are confident that services can be sustained by skilled personnel

in these remote service sites.

IV. Equipment.....\$3,000

We are requesting monies for equipment to support data systems upgrade to meet the growing program data needs. We will also use some of the monies to provide minor equipment that will enable us to provide quality prenatal and well-baby services in the remote service sites.

V. Supplies.....\$2,000

Funds are requested under supplies to support routine supplies that support our data system capacity development and improvement.

VI. Contractual.....\$5,000

Under this category, we request monies to be used for a consultant to assist us in assessing data for MCH as well as funding to support data and system capacity building. Funding under this category will also support implementation of School Health Screening and Head Start Screening. These screenings will provide the program with key behavioral patterns and health risk factors of children that the program must address. This is another initiative of the program to partner with other agencies and share cost in initiatives that can enable the program to become more evidence based.

VII. Others.....\$8,339

Communications & Fuel - \$1,900

Funds under this category will be used to support communication costs such as telephones, faxes, e-mail and internet access. We also budget under this category for fuel used in community out reach services including home visitations for children with special health care needs.

Trainings/Meetings - \$6,439

We will conduct annual meetings of Family Health Unit staff including non-health stakeholders of comprehensive family health services improvement. These meetings allow us to acquire public comments into our services so that we meet the grant requirements for "Public Comments/Review". We also use these meetings for public/self evaluation of our services and from the outcome of the meetings, we alter/change our services to meet the public's needs/wants. Funding under this category will also be used to support MCH related trainings focusing on areas of prevention and capacity building.

VIII. Total Direct Charges.....\$142,123

IX. Indirect Charges.....\$7,877

The negotiated indirect cost agreement for the Republic of Palau is 8.34% of base salary.

X. Total Amount Request.....\$150,000

/2012/ Budget Narrative & Justification

I. Personnel.....\$94,450

Funds are used to pay for key program staff. These staff includes administrative personnel, staff who support program data systems, public health nurses, counselors, and program staff who are charged with enabling/population based services such as well-baby, prenatal, post natal services, children and adolescents, and CSN. Included is a cost of .5 FTE Pediatrician who supports interagency collaborative clinic activities for Children with Special Needs and .5FTE Project Manager who will have oversight of program.

II. Fringe Benefits.....\$11,334

Fringe Benefits cost is a standard rate at 12% of the Personnel cost. It is broken down to 6 and 6% for both Pension Plan and Social Security.

III. Travel.....\$15,000

Travel monies are needed to enable key staff to attend required meetings/conferences. These budgeted meetings/conferences are AMCHP, MCH Partnership Meeting and the Annual Grant Review Meeting in Hawaii. Additional funds will also be used to fund CSN parent representatives to the Pacific Interagency Leadership Conference and or the PACRIM conference. This parent will be a co-presenter with SSDI Project Coordinator on the result of the Palau SLAITS-Like Survey. We will also use monies under this category to support other MCH related traveling on trainings focusing on preventive health for the MCH population. Funding under this category will also support off island trainings on data and infrastructure capacity building. Monies will also support inter-island travel to support the development of our service decentralization process. We envisage this process to continue for the next several years, until we are confident that services can be sustained by skilled personnel in these remote service sites.

IV. Equipment.....\$3,000

We are requesting monies for equipment to support data systems upgrade to meet the growing program data needs. We will also use some of the monies to provide minor equipment that will enable us to provide quality prenatal and well-baby services in the remote service sites.

V. Supplies.....\$2,561

Funds are requested under supplies to support routine supplies that support our data system capacity development and improvement.

VI. Contractual.....\$4,000

Under this category, we request monies to be used for a consultant to assist us in assessing data

for MCH as well as funding to support data and system capacity building. Funding under this category will also support implementation of School Health Screening and Head Start Screening. These screenings will provide the program with key behavioral patterns and health risk factors of children that the program must address. This is another initiative of the program to partner with other agencies and share cost in initiatives that can enable the program to become more evidence based.

VII. Others.....\$5,339

Communications & Fuel - \$1,900

Funds under this category will be used to support communication costs such as telephones, faxes, e-mail and internet access. We also budget under this category for fuel used in community outreach services including home visitations for children with special health care needs.

VIII. Trainings/Meetings - .....\$7,365

We will conduct annual meetings of Family Health Unit staff including non-health stakeholders of comprehensive family health services improvement. These meetings allow us to acquire public comments into our services so that we meet the grant requirements for "Public Comments/Review". We also use these meetings for public/self evaluation of our services and from the outcome of the meetings, we alter/change our services to meet the public's needs/wants. Funding under this category will also be used to support MCH related trainings focusing on areas of prevention and capacity building.

VIII. Total Direct Charges.....\$143,049

IX. Indirect Charges.....\$6,951

The negotiated indirect cost agreement for the Republic of Palau is 7.36% of base salary.

X. Total Amount Request.....\$150,000 //2012//

#### **/2013/ Budget Narrative and Justification**

**I. Personnel.....\$94,450**

**Funds under this category will be used to pay for key program staff. These staff includes administrative personnel, staff who support program data systems, public health nurses, counselors, and program staff who are charged with enabling/population based services such as well-baby, prenatal, post natal services, children and adolescents, and CSN. Included is a cost of .5 FTE Pediatrician who supports interagency collaborative clinic activities for Children with Special Needs and .5FTE Project Manager who will have oversight of program.**

**II. Fringe Benefits.....\$13,695**

**Fringe Benefits cost is a standard rate at 14.5% of the Personnel cost. It is broken down to 6 and 6% for both Pension Plan and Social Security and 2.5% for the National Health Insurance.**

**III. Travel.....\$15,000**

*Travel monies will be continually used to fund key staff to attend required meetings/conferences. These budgeted meetings/conferences are AMCHP, MCH Partnership Meeting and the Annual Grant Review Meeting in Hawaii. Additional funds will also be used to support staff to attend the annual MCH sponsored EPI conference. We will also use monies under this category to support other MCH related traveling on trainings focusing on preventive health for the MCH population. Funding under this category will also support off island trainings on data and infrastructure capacity building. Monies will also support inter-island travel to support the development of our service decentralization process. We envisage this process to continue for the next several years, until we are confident that services can be sustained by skilled personnel in these remote service sites.*

**IV. Equipment.....\$2,000**

*We are requesting monies for equipment to support data systems upgrade to meet the growing program data needs. We will also use some of the monies to provide minor equipment that will enable us to provide quality prenatal and well-baby services in the remote service sites.*

**V. Supplies.....\$2,561**

*Funds are requested under supplies to support routine supplies that support our data system capacity development and improvement.*

**VI. Contractual.....\$4,000**

*Under this category, we request monies to be used for a consultant to assist us in assessing data for MCH as well as funding to support data and system capacity building. Funding under this category will also support implementation of School Health Screening and Head Start Screening. These screenings will provide the program with key behavioral patterns and health risk factors of children that the program must address. This is another initiative of the program to partner with other agencies and share cost in initiatives that can enable the program to become more evidence based.*

**VII. Others.....\$4,000**

**Communications & Fuel - \$1,900**

*Funds under this category will be used to support communication costs such as telephones, faxes, e-mail and internet access. We also budget under this category for fuel used in community outreach services including home visitations for children with special health care needs.*

**VIII. Trainings/Meetings - .....\$5,000**

*We will conduct annual meetings of Family Health Unit staff including non-health stakeholders of comprehensive family health services improvement. These meetings allow us to acquire public comments into our services so that we meet the grant requirements for "Public Comments/Review". We also use these meetings for public/self evaluation of our services and from the outcome of the meetings, we alter/change our services to meet the public's needs/wants. Funding under this category will also be used to support MCH related trainings focusing on areas of prevention and capacity building.*

**VIII. Total Direct Charges.....\$140,706**

**IX. Administrative Cost ..... \$14,070**

***Funding under administrative cost will be used to support cost associated with running the program. This will include salaries, utilities, and maintenance of clinics.***

**X. Total Amount Request.....\$154,776. //2013//**

## **VI. Reporting Forms-General Information**

Please refer to Forms 2-21, completed by the state as part of its online application.

## **VII. Performance and Outcome Measure Detail Sheets**

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

## **VIII. Glossary**

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

## **IX. Technical Note**

Please refer to Section IX of the Guidance.

## **X. Appendices and State Supporting documents**

### **A. Needs Assessment**

Please refer to Section II attachments, if provided.

### **B. All Reporting Forms**

Please refer to Forms 2-21 completed as part of the online application.

### **C. Organizational Charts and All Other State Supporting Documents**

Please refer to Section III, C "Organizational Structure".

### **D. Annual Report Data**

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.